

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027842

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: GULF COAST INSURANCE OF N W FLORIDA, INC.

## Current Principal Place of Business:

25 WALTER MARIN RD  
101  
FORT WALTON BEACH, FL 32548

## Current Mailing Address:

25 WALTER MARIN RD  
101  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

25 WALTER MARTIN RD  
101  
FORT WALTON BEACH, FL 32548

## New Mailing Address:

25 WALTER MARTIN RD  
101  
FORT WALTON BEACH, FL 32548

FEI Number: 65-1174975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, CRAIG S  
38 S. 8TH ST  
DEFUNIAK SPRINGS, FL 32435 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: SULLIVAN, DANA J  
Address: 45 MAGNOLIA AVE  
City-St-Zip: SHALIMAR, FL 32579

Title: VP ( ) Delete  
Name: SULLIVAN, DANIEL L  
Address: 45 MAGNOLIA AVE  
City-St-Zip: SHALIMAR, FL 32579

Title: VO ( ) Delete  
Name: SULLIVAN, ALEXANDER J  
Address: 45 MAGNOLIA AVE  
City-St-Zip: SHALIMAR, FL 32579

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA J. SULLIVAN

PST

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date