

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027842

FILED
Mar 08, 2011
Secretary of State

Entity Name: GULFCOAST INSURANCE OF N W FLORIDA, INC.

Current Principal Place of Business:

25 WALTER MARTIN RD
101
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

25 WALTER MARTIN RD
101
FORT WALTON BEACH, FL 32548

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DANA J. SULLIVAN

PST

03/08/2011

Electronic Signature of Signing Officer or Director

Date