2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P04000113555

Entity Name: GULFSIDE INSURANCE OF FT WALTON BEACH INC

Current Principal Place of Business:

171 BROOKS ST
SUITE E
FT WALTON BEACH, FL 32548

New Principal Place of Business:

109 FERRY RD SE
FT WALTON BEACH, FL 32547 US

Current Mailing Address:

171 BROOKS ST
SUITE E
FT WALTON BEACH, FL 32548

New Mailing Address:

PO BOX 1593
FT WALTON BEACH, FL 32549 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 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: D ( ) Delete
Name: HAGAN, MARK R
Address: 219 HIGHWAY AVE
City-St-Zip: FT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK R HAGAN D 04/20/2005
Electronic Signature of Signing Officer or Director Date