

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90271 033 ***150.00



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1. Entity Name

GULFSTREAM PROPERTY AND CASUALTY INSURANCE COMPANY

Principal Place of Business

6964 PROFESSIONAL PKWY EAST
 SARASOTA FL 34240

Mailing Address

6964 PROFESSIONAL PKWY EAST
 SARASOTA FL 34240



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

04-3797801

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
 200 EAST GAINES STREET
 TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD Delete
 NAME DEROSA, PHILIP
 STREET ADDRESS 30 ALICE AVE
 CITY-ST-ZIP MERRICK NY 11566

TITLE Change Addition
 NAME
 STREET ADDRESS 1020 Villagio Circle, #108
 CITY-ST-ZIP Sarasota, FL 34237

TITLE DC Delete
 NAME RIVERS, BRYAN
 STREET ADDRESS 525 ASPEN GLADE CT
 CITY-ST-ZIP LEXINGTON SC 29072

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME REDFEARN, KYLE
 STREET ADDRESS 14416 HIGH HILL POND RD
 CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VTD Delete
 NAME MONTS, ELIZABETH R
 STREET ADDRESS 2141 MUSKOGEE TRAIL
 CITY-ST-ZIP NOKOMIS FL 34275

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME POWERS, CHARLES
 STREET ADDRESS 2419 SUMTER STREET EXTENSION
 CITY-ST-ZIP FLORENCE SC 29501

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth R. Monts*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 941-388-0905, Ext. 236
 Date Daytime Phone #