

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000139944

FILED
Oct 04, 2007
Secretary of State

Entity Name: GULFSTREAM PROPERTY AND CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

6964 PROFESSIONAL PKWY EAST
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

6964 PROFESSIONAL PKWY EAST
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 04-3797801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 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: PSD () Delete
Name: DEROSA, PHILIP
Address: 6964 PROFESSIONAL PKWY E
City-St-Zip: SARASOTA, FL 34240

Title: DC () Delete
Name: RIVERS, BRYAN
Address: 525 ASPEN GLADE CT
City-St-Zip: LEXINGTON, SC 29072

Title: D () Delete
Name: REDFEARN, KYLE
Address: 14416 HIGH HILL POND RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: VTD () Delete
Name: MONTS, ELIZABETH R
Address: 2141 MUSKOGEE TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: POWERS, CHARLES
Address: 2419 SUMTER STREET EXTENSION
City-St-Zip: FLORENCE, SC 29501

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:

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

Title: D (X) Change () Addition
Name: HUGGINS, REX W
Address: 6964 PROFESSIONAL PKWY EAST
City-St-Zip: SARASOTA, FL 34240

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: PHILIP DEROSA

PSD

10/04/2007

Electronic Signature of Signing Officer or Director

Date