

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037021

Entity Name: G & P INSURANCE, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

12330 EAST TAMIAMI TRAIL
SUITE 101
NAPLES, FL 34113 US

Current Mailing Address:

12330 EAST TAMIAMI TRAIL
SUITE 101
NAPLES, FL 34113 US

New Principal Place of Business:

4930 GOLDEN GATE PKWY
A
NAPLES, FL 34116 US

New Mailing Address:

4930 GOLDEN GATE PKWY
A
NAPLES, FL 34116 US

FEI Number: 20-4501869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUZZONIGRO, GARY
12330 EAST TAMIAMI TRAIL
SUITE 101
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

MUZZONIGRO, GARY
4930 GOLDEN GATE PKWY
A
NAPLES, FL 34116 US

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:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: MUZZONIGRO, GARY
Address: 12330 EAST TAMIAMI TRAIL, SUITE 101
City-St-Zip: NAPLES, FL 34113 US

Title: D,VP () Delete
Name: MUZZONIGRO, PATTI D
Address: 12330 EAST TAMIAMI TRAIL, SUITE 101
City-St-Zip: NAPLES, FL 34113 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: MUZZONIGRO, GARY
Address: 4930 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116 US

Title: D,VP (X) Change () Addition
Name: MUZZONIGRO, PATTI D
Address: 4930 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 34116 US

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: GARY MUZZONIGRO

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date