

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048574

FILED
May 04, 2007
Secretary of State

Entity Name: G.W. CAT CATASTROPHE SERVICES, INC.

Current Principal Place of Business:

101 NE THIRD AVE SUITE 1500
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

728 PARKSIDE POINTE BLVD
APOPKA, FL 32712

Current Mailing Address:

101 NE THIRD AVE SUITE 1500
FORT LAUDERDALE, FL 33301

New Mailing Address:

728 PARKSIDE POINTE BLVD
APOPKA, FL 32712

FEI Number: 20-4633650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMMUELS, HARRY M
2901 STIRLING ROAD SUITE 307
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

FLOWERS, DALE A
728 PARKSIDE POINTE BLVD
APOPKA, FL 32712 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: DALE A FLOWERS

05/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HICKS, GEORGE W
Address: 4536 BIRCHMAN AVE
City-St-Zip: FORT WORTH, TX 76107

Title: D () Delete
Name: FRIERY, MICHAEL
Address: 66 MARLBOROUGH
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: HICKS, GINA P
Address: 4536 BIRCHMAN AVE
City-St-Zip: FORT WORTH, TX 76107

Title: D (X) Delete
Name: KIRK, THOMAS
Address: 2670 BOX 3214
City-St-Zip: KINGSTON, OK 73439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FRIERY, MICHAEL
Address: 11318 E LAKESHORE DR
City-St-Zip: INDIANAPOLIS, IN 46033

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

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

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: DALE A FLOWERS

RA

05/04/2007

Electronic Signature of Signing Officer or Director

Date