

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001481

FILED
Apr 23, 2009
Secretary of State

Entity Name: GULF INSURANCE GROUP, INC.

Current Principal Place of Business:

5003 TAMIAMI TRAIL E.
NAPLES, FL 34113

New Principal Place of Business:

5003 TAMIAMI TRAIL E.
NAPLES, FL 341134131 US

Current Mailing Address:

5003 TAMIAMI TRAIL E.
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-8180598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUNDRIE, MICHAEL L
5003 TAMIAMI TRAIL E
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

LAUNDRIE, MICHAEL L
5003 TAMIAMI TRAIL E
NAPLES, FL 341134131 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: MICHAEL L LAUNDRIE

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LAUNDRIE, MICHAEL L
Address: 5003 TAMIAMI TRAIL E.
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LAUNDRIE, MICHAEL L
Address: 5003 TAMIAMI TRAIL E.
City-St-Zip: NAPLES, FL 341134131 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: MICHAEL L LAUNDRIE

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date