

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001651

FILED
Jan 19, 2009
Secretary of State

Entity Name: GULFSHORE FINANCIAL GROUP, INC.

Current Principal Place of Business:

4100 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34103

New Principal Place of Business:

4100 GOODLETTE ROAD NORTH
NAPLES, FL 34103

Current Mailing Address:

4100 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34103

New Mailing Address:

4100 GOODLETTE ROAD NORTH
NAPLES, FL 34103

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVEMEIER, BRAD
4100 GOODLETTE ROAD NORTH
SUITE 100
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HAVEMEIER, BRAD
4100 GOODLETTE ROAD NORTH
NAPLES, FL 34103 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:

Electronic Signature of Registered Agent

01/19/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAVEMEIER, BRAD
Address: 4100 GOODLETTE RD N, STE 100
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: HAVEMEIER, GREG
Address: 4100 GOODLETTE RD N, STE 100
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: GLEESON, MICHELLE
Address: 4100 GOODLETTE RD N, STE 100
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAVEMEIER, BRAD
Address: 4100 GOODLETTE RD NORTH
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Change () Addition
Name: HAVEMEIER, GREG
Address: 4100 GOODLETTE RD NORTH
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Change () Addition
Name: GLEESON, MICHELLE
Address: 4100 GOODLETTE RD NORTH
City-St-Zip: NAPLES, FL 34103

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: MICHELLE GLEESON

Electronic Signature of Signing Officer or Director

VP

01/19/2009

Date