

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000026931

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1521 SUNSET POINT ROAD  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1521 SUNSET POINT ROAD  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 26-4591817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DRIVE STE A  
TALLAHASSEE, FL 32301 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: PRES  
Name: BRAVMAN, STEVEN M  
Address: 1521 SUNSET POINT ROAD  
City-St-Zip: CLEARWATER, FL 33755

Title: VP  
Name: MCMAHON, SHIRLEY  
Address: 1521 SUNSET POINT ROAD  
City-St-Zip: CLEARWATER, FL 33755

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY MCMAHON

VP

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date