

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90007 038 \*\*\*158.75

**DOCUMENT # P93000058373**

1. Entity Name  
**GARY MARKEL SURPLUS LINES BROKERAGE, INC.**



Principal Place of Business  
1901 ULMERTON RD  
SUITE 700  
CLEARWATER, FL 33762

Mailing Address  
1901 ULMERTON RD  
SUITE 700  
CLEARWATER, FL 33762

**54015227**



2. Principal Place of Business

3. Mailing Address

*P.O. Box 17269*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Clearwater FL*

Zip

Country

Zip

Country

*33762*

*USA*

01272004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3196889**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKEL, GARY L  
1901 ULMERTON RD  
SUITE 700  
CLEARWATER, FL 33762

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
MARKEL, GARY L  
1901 ULMERTON RD, STE 700  
CLEARWATER, FL 33762 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP *ROSS*  
~~WACHHOLZ, PAULA~~  
1901 ULMERTON RD., STE 700  
CLEARWATER, FL 33762 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP *ROSS, PAULA*  
1901 Ulmerton Road, Suite 700  
Clearwater, FL 33762 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paula Ross*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/04*

Date

*7275402125*

Daytime Phone #