

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 FEB 20 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020073

1. Entity Name  
GULFSTREAM AUTO INSURANCE, INC.



Principal Place of Business

47 E OCEAN BLVD  
STUART, FL 34994

Mailing Address

47 E OCEAN BLVD  
STUART, FL 34994



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0728365

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KASTEN, MARK J  
10460 SE SILVER PALM WAY  
TEQUESTA, FL 33469

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE	PTD
NAME	MARTYN, III, CHARLES P
STREET ADDRESS	5332 PENNOCK POINT RD
CITY-ST-ZIP	JUPITER, FL
TITLE	VD
NAME	KASTEN, MARK J
STREET ADDRESS	10460 SE SILVER PALM WAY
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	VD
NAME	HUTCHINSON, TODD P
STREET ADDRESS	248 BARBADOS DR
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	SD
NAME	SULLIVAN, RATRKIA W
STREET ADDRESS	3770 SW SUNSET TRACE CIR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500029298475  
02/24/04--01027--017 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #