

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020073

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: GULFSTREAM AUTO INSURANCE, INC.

## Current Principal Place of Business:

47 E OCEAN BLVD  
STUART, FL 34994

## New Principal Place of Business:

218 SOUTH US HWY ONE  
SUITE 300  
TEQUESTA, FL 33469

## Current Mailing Address:

47 E OCEAN BLVD  
STUART, FL 34994

## New Mailing Address:

218 SOUTH US HWY ONE  
SUITE 300  
TEQUESTA, FL 33469

FEI Number: 65-0728365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MARTYN, III, CHARLES P  
Address: 5332 PENNOCK POINT RD  
City-St-Zip: JUPITER, FL

Title: VD ( ) Delete  
Name: KASTEN, MARK J  
Address: 10460 SE SILVER PALM WAY  
City-St-Zip: TEQUESTA, FL 33469

Title: VD ( ) Delete  
Name: HUTCHINSON, TODD P  
Address: 248 BARBADOS DR  
City-St-Zip: JUPITER, FL 33477

Title: SD ( ) Delete  
Name: SULLIVAN, RATRKIA W  
Address: 3770 SW SUNSET TRACE CIR  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK J. KASTEN

VP

03/16/2005

Electronic Signature of Signing Officer or Director

Date