

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84858

FILED
Apr 29, 2008
Secretary of State

Entity Name: GULF ATLANTIC INSURANCE SERVICES, INC.

Current Principal Place of Business:

2549 BARRINGTON CIR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 12200
TALLAHASSEE, FL 323172200

New Mailing Address:

FEI Number: 59-3099610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATLOCK, GEROGE V
2549 BARRINGTON CIR
TALLAHASSEE, FL 32308 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: CD () Delete
Name: JACOBS, JOSEPH W
Address: 2549 BARRINGTON CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: MATLOCK, GEORGE V
Address: 2549 BARRINGTON CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: ECKERLEIN, R.F. DPM
Address: 2549 BARRINGTON CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: PATTERSON, TODD DO
Address: 2549 BARRINGTON CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: WILLIAM, GABEL P
Address: 2549 BARRINGTON CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: WILLIAM, THOMPSON J
Address: 2549 BARRINGTON CIR
City-St-Zip: TALLAHASSEE, FL 32308

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
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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 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: WILLIAM GABEL

T

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date