

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90013 042 ***150.00

DOCUMENT # S85763

1. Entity Name

GULFSTREAM INSURANCE GROUP, INC.



Principal Place of Business

3201 NO FEDERAL HWY
STE 200
FT LAUDERDALE, FL 33306 US

Mailing Address

P.O. BOX 8908
SUITE 200
FORT LAUDERDALE, FL 33310-5908

40047350



DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0294144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS ROBERT V
3201 N FEDERAL HWY
S-200
FORT LAUDERDALE, FL 33306

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME SIMS, ROBERT S.
STREET ADDRESS 1643 S.E. 13TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE DP
NAME ROBERTS, ROBERT V.
STREET ADDRESS 3201 N FEDERAL HWY
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE DV
NAME ROBERTS, ROBERT V. JR.
STREET ADDRESS 2749 NE 30TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

3/1/08 954-561-2220