

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000001651

**FILED**  
**Feb 17, 2015**  
**Secretary of State**  
**CC1541185421**

**Entity Name:** GULFSHORE FINANCIAL GROUP, INC.

**Current Principal Place of Business:**

4100 GOODLETTE ROAD NORTH  
NAPLES, FL 34103

**Current Mailing Address:**

4100 GOODLETTE ROAD NORTH  
NAPLES, FL 34103

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAVEMEIER, BRAD  
4100 GOODLETTE ROAD NORTH  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title            P  
Name            HAVEMEIER, BRAD  
Address        4100 GOODLETTE RD NORTH  
City-State-Zip: NAPLES FL 34103

Title            VP  
Name            HAVEMEIER, GREG  
Address        4100 GOODLETTE RD NORTH  
City-State-Zip: NAPLES FL 34103

Title            VP  
Name            GLEESON, MICHELLE  
Address        4100 GOODLETTE RD NORTH  
City-State-Zip: NAPLES FL 34103

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHELLE GLEESON

**EXEC VP & COO**

**02/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date