

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000026931

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC6701136927**

**Entity Name:** GULF COAST INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1521 SUNSET POINT ROAD  
CLEARWATER, FL 33755

**Current Mailing Address:**

1521 SUNSET POINT ROAD  
CLEARWATER, FL 33755

**FEI Number:** 26-4591817

**Certificate of Status Desired:** No

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

REGISTERED AGENTS LEGAL SERVICES, LLC  
155 OFFICE PLAZA DRIVE STE A  
TALLAHASSEE, FL 32301 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            PRES  
Name            BRAVMAN, STEVEN M  
Address        2531 ROYAL PINES CIRCLE  
                  UNIT F  
City-State-Zip: CLEARWATER FL 33763

Title            VP  
Name            MCMAHON, SHIRLEY  
Address        1521 SUNSET POINT ROAD  
City-State-Zip: CLEARWATER FL 33755

*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:** SHIRLEY MCMAHON

VP

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date