

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000007922

**Entity Name:** GULFCOAST INSURANCE CENTER, INC.

**Current Principal Place of Business:**

5627 NAPLES BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

5627 NAPLES BLVD  
NAPLES, FL 34109 US

**FEI Number: 65-0807575**

**Certificate of Status Desired: No**

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

HAZZARD, WILLIAM JESQ.  
2640 GOLDEN GATE PARKWAY  
SUITE 304  
NAPLES, FL 34105 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 PD  
Name HAHN, JAMES  
Address 11640 QUAIL VILLAGE WAY  
City-State-Zip: NAPLES FL 34119

Title D  
Name HAHN, NANCY  
Address 899 VANDERBILT BEACH ROAD STE  
103  
City-State-Zip: NAPLES FL 34108

*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: JAMES E HAHN**

**PRESIDENT**

**01/16/2017**

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

\_\_\_\_\_  
Date