## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007922

Entity Name: GULFCOAST INSURANCE CENTER, INC.

Jan 13, 2014 Secretary of State CC9445557862

**FILED** 

## **Current Principal Place of Business:**

899 VANDERBILT BEACH ROAD SUITE 103 NAPLES, FL 34108

# **Current Mailing Address:**

899 VANDERBILT BEACH ROAD SUITE 103 NAPLES, FL 34108

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 Title D

Electronic Signature of Signing Officer/Director Detail

Name HAHN, JAMES Name HAHN, NANCY

Address 899 VANDERBILT BEACH ROAD STE Address 899 VANDERBILT BEACH ROAD STE

City-State-Zip: NAPLES FL 34108 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.