

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211524036

1.) CORPORATION NAME:

GULFSHORE INSURANCE, INC.

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

WOODY FOWLER

**200 SOUTH 10TH STREET
SUITE 1600**

SCC ID NO: **F1488354**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4100 GOODLETTE RD N SUITE 100

CITY/ST/ZIP: NAPLES, FL 34103-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRAD A HAVEMEIER	
TITLE:	PRESIDENT	
ADDRESS:	4100 GOODLETTE RD N SUITE 100	
CITY/ST/ZIP/CO:	NAPLES, FL 34103-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREG HAVEMEIER	
TITLE:	VICE PRESIDENT	
ADDRESS:	4100 GOODLETTE RD N	
CITY/ST/ZIP/CO:	NAPLES, FL 34103-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHELLE GLEESON	
TITLE:	T/COO	
ADDRESS:	4100 GOODLETTE RD N SUITE 100	
CITY/ST/ZIP/CO:	NAPLES, FL 34103-	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRAD A HAVEMEIER	BRAD A HAVEMEIER, PRESIDENT	10/10/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.