


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90199 019 ***150.00

DOCUMENT # P01000064068
 1. Entity Name
21ST CENTURY TITLE INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
15 CYPRESS BRANCH WAY **15 CYPRESS BRANCH WAY**
SUITE 203 **SUITE 203**
PALM COAST, FL 32164 **PALM COAST, FL 32164**

94062832



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04092004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
58-2635925 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GIBBS-GAZZOLI, NICOLE R
15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST, FL 32164

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDERMOTT, SANDRA M	
STREET ADDRESS	15 CYPRESS BRANCH WAY, SUITE 203	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GAZZOLI, NICOLE R	
STREET ADDRESS	15 CYPRESS BRANCH WAY, SUITE 203	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mc Dermott, Sandra M	
STREET ADDRESS	15 Cypress Branchway STE 203	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gazzoli, Nicole R	
STREET ADDRESS	15 Cypress Branch Way STE 203	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Brien, Donald T., Jr	
STREET ADDRESS	15 Cypress Branch Way STE 203	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Nicole R. Gazzoli** **4-15-04** **386-445-2100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #