


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000091932</b> 1. Entity Name FLORIDA COASTAL TITLE INSURANCE AGENCY, INC.	
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Principal Place of Business 12995 S. CLEVELAND AVE SUITE 210 FORT MYERS, FL 33907	Mailing Address 12995 S. CLEVELAND AVE SUITE 210 FORT MYERS, FL 33907
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02072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
38-3659350

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  KIESEL, THOMAS F 2121 MCGREGOR BLVD FT MYERS, FL 33901
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

UN0000444074  
03/06/06-80036-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIESEL, THOMAS F 2121 MCGREGOR BLVD FT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MCCORD, SUE 19800 NALLE RD N FT MYERS, FL 33917
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06 239 693-1277  
Date Daytime Phone #