

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000091932 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

**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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

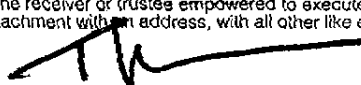
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 #