

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000091932

1. Entity Name
FLORIDA COASTAL TITLE INSURANCE AGENCY, INC.



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

DO NOT WRITE IN THIS SPACE

03302007 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

6. Name and Address of Current Registered Agent

KIESEL, THOMAS F
2121 MCGREGOR BLVD
FT MYERS, FL 33901

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000702068
04/20/07-80084-018 150.00

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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 if 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

Thomas F. Kiesel 4/5/07 239 334-1800

Date

Daytime Phone #