2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# G12226

Entity Name: TROPICAL TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

660 9TH STREET NORTH
SUITE 3
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

660 9TH STREET NORTH
SUITE 3
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-2238122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, SIMONE
Q660 9TH STREET NORTH
STE. 3
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

PHILLIPS, SIMONE
660 9TH STREET NORTH
STE. 3
NAPLES, FL 34102 US

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.

SIGNATURE: SIMONE PHILLIPS 03/14/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: PHILLIPS, SIMONE
Address: 660 9TH ST. N. STE. 3
City-St-Zip: NAPLES, FL 34102

Title: V
Name: PHILLIPS, TIMOTHY ALAN
Address: 660 9TH ST. N. STE. 3
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SIMONE PHILLIPS VP 03/14/2011
Electronic Signature of Signing Officer or Director Date