

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J91995

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** GOLD SERVICE TITLE INSURANCE AGENCY COMPANY

**Current Principal Place of Business:**

4762 CENTRAL AVE.  
ST PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

4762 CENTRAL AVE.  
ST PETERSBURG, FL 33711

**New Mailing Address:**

FEI Number: 59-2839545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALL, MARY A  
4762 CENTRAL AVE  
SAINT PETERSBURG, FL 33711 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: BALL, MARY A.  
Address: 4049 BAYSHORE BLVD NE  
City-St-Zip: ST PETERSBURG, FL

Title: D  
Name: MACAULEY, DONALD  
Address: 9045 41 ST N  
City-St-Zip: PINELLAS PARK, FL

Title: D  
Name: MACAULEY, PAULA A.  
Address: 9045 41 ST N  
City-St-Zip: PINELLAS PARK, FL

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: MARY A. BALL

PRES

02/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date