

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29  
Sec

DOCUMENT # K48993

1. Entity Name  
GULF COAST TITLE INSURANCE AGENCY, INC.



Principal Place of Business

2301 TAMiami TRAIL  
UNIT D  
PT. CHARLOTTE, FL 33952 US

Mailing Address

2301 TAMiami TRAIL  
UNIT D  
PT. CHARLOTTE, FL 33952 US



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0084469

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PROPP, KIM K.  
2301 TAMiami TR.  
UNIT B  
PORT CHARLOTTE, FL 33952

**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, 2005 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  
PSD  
PROPP, KIM K.  
2301 TAMiami TRAIL UNIT D  
PT. CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PROPP, CHARLES F.  
2301 TAMiami TRAIL UNIT D  
PT. CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
PROPP, JOAN K.  
2301 TAMiami TRAIL UNIT D  
PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000203527  
01/29/05-80034-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/24/05 (941)624 2535

Date

Daytime Phone #