## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K79602

Entity Name: SUNCOAST TITLE AGENCY OF TAMPA, INC.

FILED Feb 08, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2901 WEST BUSCH BLVD. 5001 N. NEBRASKA AVE.

SUITE 307 SUITE D

TAMPA, FL 33618 TAMPA, FL 33603

**Current Mailing Address: New Mailing Address:** 

2901 WEST BUSCH BLVD. P.O. BOX 7511

SUITE 307 TAMPA, FL 33673 75 TAMPA, FL 33618

FEI Number: 59-2941837 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HIBBARD, ANN HIBBARD, ANN 2901 WEST BUSCH BLVD. 5001 N. NEBRASKA AVE. SUITE 307 SUITE D

TAMPA, FL 33618 US TAMPA, FL 33603 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: 02/08/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete

HIBBARD, ANN Name:

2901 W. BUSCH BLVD #307 Address:

City-St-Zip: TAMPA, FL 33618

Title: () Delete HIBBARD, ANN Name:

2901 W. BUSCH BLVD #307 Address:

TAMPA, FL 33618 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

Name: HIBBARD, ANN

5001 N. NEBRASKA AVE SUITE D Address:

TAMPA, FL 33603 City-St-Zip:

Title: (X) Change ( ) Addition

HIBBARD, ANN Name:

Address: 5001 N. NEBRASKA AVE. SUITE D

TAMPA, FL 33603 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANN HIBBARD **PVS** 02/08/2008