

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90010 034 ***158.75

DOCUMENT # P00000077816 1. Entity Name ACCENT TITLE INSURANCE AGENCY, INC.			
Principal Place of Business C/O RICHARD COTTER, ESQ 6100 ESTERO BLVD FT MYERS BEACH, FL 33931		Mailing Address C/O RICHARD COTTER, ESQ 6100 ESTERO BLVD FT MYERS BEACH, FL 33931	
2. Principal Place of Business - No P.O. Box # 11050 Summerlin Sq Dr Suite, Apt. #, etc.		3. Mailing Address 11050 Summerlin Square Dr Suite, Apt. #, etc.	
City & State Ft. Myers Beach, FL Zip 33931 Country USA		City & State Ft Myers Beach, FL Zip 33931 Country USA	
4. FEI Number 65-1054654		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01072008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent COTTER, RICHARD ESQ 6100 ESTERO BLVD FT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name Jocelyne A. Mufalli Street Address (P.O. Box Number is Not Acceptable) 11050 Summerlin Square Dr City Ft Myers Beach FL Zip Code 33931	
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  <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/7/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTTER, RICHARD ESQ 6100 ESTERO BLVD FT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jocelyne A. Mufalli 11050 Summerlin Square Dr Ft Myers Beach, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jocelyne A. Mufalli 11050 Summerlin Square Dr Ft Myers Beach, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jocelyne A. Mufalli 11050 Summerlin Square Dr Ft Myers Beach, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jocelyne A. Mufalli 11050 Summerlin Square Dr Ft Myers Beach, FL 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/7/08 (239) 482-5984 <small>Daytime Phone #</small>	