

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077816

FILED
Jan 06, 2010
Secretary of State

Entity Name: ACCENT TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

11050 SUMMERLIN SQ DR
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

11050 SUMMERLIN SQ DR
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 65-1054654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUFALLI, JOCELYNE A
11050 SUMMERLIN SQ DR
FORT MYERS BEACH, FL 33931 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MUFALLI, JOCELYNE A
Address: 11050 SUMMERLIN SQ DR
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VP
Name: MUFALLI, JOCELYNE A
Address: 11050 SUMMERLIN SQ DR
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: S
Name: MUFALLI, JOCELYNE A
Address: 11050 SUMMERLIN SQ DR
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: T
Name: MUFALLI, JOCELYNE A
Address: 11050 SUMMERLIN SQ DR
City-St-Zip: FORT MYERS BEACH, FL 33931

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: JOCELYNE MUFALLI

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

Date