2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013537

Entity Name: WEST COAST TITLE INSURANCE, INC.

FILED Mar 31, 2004 Secretary of State

5308 SPRING HILL DR 5609-A US HIGHWAY 19

SPRING HILL, FL 34606 NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5308 SPRING HILL DR 7419 US HIGHWAY 19

SPRING HILL, FL 34606 NEW PORT RICHEY, FL 34652

FEI Number: 59-3706966 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:

CARTER, DAVID R
5308 SPRING HILL DR
5PRING HILL, FL 34606

CARTER, DAVID R
7419 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

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: DAVID R. CARTER 03/31/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D P (X) Change () Addition

 Name:
 CARTER, DAVID R
 Name:
 CARTER, DAVID R

 Address:
 5308 SPRING HILL DR
 Address:
 7419 US HIGHWAY 19

City-St-Zip: SPRING HILL, FL 34606 US City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: P () Delete Title: D (X) Change () Addition

Name: CARTER, DAVID R Name: CARTER, VICTORIA H

 Address:
 5308 SPRING HILL DRIVE
 Address:
 7419 US HIGHWAY 19

 City-St-Zip:
 SPRING HILL, FL 34606 US
 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US

Title: S () Delete Title: S D (X) Change () Addition

Name: CARTER, DAVID R Name: RIVERA, ANGELA I

Address: 5308 SPRING HILL DRIVE Address: 5609-A US HIGHWAY 19

City-St-Zip: SPRING HILL, FL 34606 US City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Delete Title: T D () Change (X) Addition Name: HOWELL, LINDA M

 Address:
 Address:
 5609-A US HIGHWAY 19

 City-St-Zip:
 City-St-Zip:
 NEW PORT RICHEY, FL 34652

Title: () Delete Title: VP D () Change (X) Addition

 Name:
 Name:
 HORAN, KEVIN M

 Address:
 Address:
 5609-A US HIGHWAY 19

 City-St-Zip:
 City-St-Zip:
 NEW PORT RICHEY, FL 34652

Title: () Delete Title: VP D () Change (X) Addition

 Name:
 Name:
 HORAN, SUSAN M

 Address:
 Address:
 5609-A US HIGHWAY 19

 City-St-Zip:
 City-St-Zip:
 NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID R. CARTER P 03/31/2004