

FILED
Apr 24, 2006 8:00 am
Secretary of State


60029421

[illegible]

03232006 Chq-P CR2E034 (11/05)

4. FEI Number	Applied For
59-3712710	Not Applicable

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

DOCUMENT # P01000035819				04-24-2006 90355 006 ***150.00	
1. Entity Name INTRACOASTAL TITLE INSURANCE AGENCY, INC					
Principal Place of Business 15 CYPRESS BRANCH WAY #203 PALM COAST, FL 32164		Mailing Address 15 CYPRESS BRANCH WAY #203 PALM COAST, FL 32164			
2. Principal Place of Business		3. Mailing Address		60029421	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 59-3712710	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBS, NICOLE R 15 CYPRESS BRANCH WAY #203 PALM COAST, FL 32164		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 MCDERMOTT, SANDRA M 8 EAGLE PASS PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAZZOLI, NICOLE R GIBBS 10 CLEMENTINA CT. PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'BRIEN, DONALD T JR 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Nicole R Gazzoli 4-19-06 386-445-2100 Date Daytime Phone #					