

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035819

FILED
Apr 26, 2007
Secretary of State

Entity Name: INTRACOASTAL TITLE INSURANCE AGENCY, INC

Current Principal Place of Business:

15 CYPRESS BRANCH WAY #203
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

15 CYPRESS BRANCH WAY #203
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-3712710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS, NICOLE R
15 CYPRESS BRANCH WAY #203
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

GAZZOLI, NICOLE GIBBS R
15 CYPRESS BRANCH WAY #203
PALM COAST, FL 32164 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: NICOLE R. GIBBS-GAZZOLI

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDERMOTT, SANDRA M
Address: 8 EAGLE PASS
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: GAZZOLI, NICOLE R GIBBS
Address: 10 CLEMENTINA CT.
City-St-Zip: PALM COAST, FL 32137

Title: ST () Delete
Name: O'BRIEN, DONALD T JR
Address: 15 CYPRESS BRANCH WAY STE 203
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: MCDERMOTT, SANDRA M
Address: 15 CYPRESS BRANCH WAY STE 203
City-St-Zip: PALM COAST, FL 32164

Title: V (X) Change () Addition
Name: GAZZOLI, NICOLE R GIBBS
Address: 15 CYPRESS BRANCH WAY STE 203
City-St-Zip: PALM COAST, FL 32164

Title: DVS (X) Change () Addition
Name: O'BRIEN, DONALD T JR
Address: 15 CYPRESS BRANCH WAY STE 203
City-St-Zip: PALM COAST, FL 32164

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: NICOLE R. GIBBS-GAZZOLI

V

04/26/2007

Electronic Signature of Signing Officer or Director

Date