

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056274

FILED
Apr 14, 2010
Secretary of State

Entity Name: SUNCOAST TITLE INSURANCE AGENCY, INC

Current Principal Place of Business:

15 CYPRESS BRANCHWAY STE 203
PALM COAST, FL 32164

New Principal Place of Business:

15 CYPRESS BRANCH WAY STE 203
PALM COAST, FL 32164

Current Mailing Address:

15 CYPRESS BRANCHWAY STE 203
PALM COAST, FL 32164

New Mailing Address:

15 CYPRESS BRANCH WAY STE 203
PALM COAST, FL 32164

FEI Number: 59-3724343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBBS-GAZZOLI, NICOLE R
15 CYPRESS BRANCHWAY STE 203
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

GIBBS-GAZZOLI, NICOLE R
15 CYPRESS BRANCH WAY STE 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

04/14/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD
Name: GAZZOLI, NICOLE R
Address: 15 CYPRESS BRANCH WAY
City-St-Zip: PALM COAST, FL 32164

Title: DPTS
Name: MCDERMOTT, SANDRA M
Address: 15 CYPRESS BRANCH WAY STE 203
City-St-Zip: PALM COAST, FL 32164

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: NICOLE R. GIBBS-GAZZOLI

DV

04/14/2010

Electronic Signature of Signing Officer or Director

Date