

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056274

FILED
Apr 13, 2011
Secretary of State

Entity Name: SUNCOAST TITLE INSURANCE AGENCY, INC

Current Principal Place of Business:

15 CYPRESS BRANCH WAY STE 203
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

15 CYPRESS BRANCH WAY STE 203
PALM COAST, FL 32164

New Mailing Address:

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 BRANCH WAY STE 203
PALM COAST, FL 32164 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

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: SANDRA M. MCDERMOTT

DP

04/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date