


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90199 019 ***150.00

DOCUMENT # P01000064068
 1. Entity Name
21ST CENTURY TITLE INSURANCE AGENCY, INC.




Principal Place of Business Mailing Address
15 CYPRESS BRANCH WAY **15 CYPRESS BRANCH WAY**
SUITE 203 **SUITE 203**
PALM COAST, FL 32164 **PALM COAST, FL 32164**

94062832

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country


 04092004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
58-2635925 Not Applicable

6. Name and Address of Current Registered Agent
GIBBS-GAZZOLI, NICOLE R
15 CYPRESS BRANCH WAY
SUITE 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

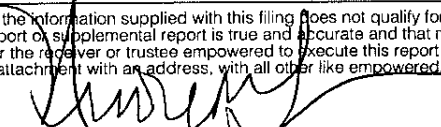
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDERMOTT, SANDRA M 15 CYPRESS BRANCH WAY, SUITE 203 PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, O Mc Dermott, Sandra M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15 Cypress Branchway STE 203 Palm Coast FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GAZZOLI, NICOLE R 15 CYPRESS BRANCH WAY, SUITE 203 PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gazzoli, Nicole R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15 Cypress Branch Way STE 203 Palm Coast FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T O'Brien, Donald T., Jr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15 Cypress Branch Way STE 203 Palm Coast FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Nicole R. Gazzoli** **4-15-04** **386-445-2100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #