


**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**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDERMOTT, SANDRA M	
STREET ADDRESS	15 CYPRESS BRANCH WAY, SUITE 203	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GAZZOLI, NICOLE R	
STREET ADDRESS	15 CYPRESS BRANCH WAY, SUITE 203	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P, O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mc Dermott, Sandra M	
STREET ADDRESS	15 Cypress Branchway STE 203	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gazzoli, Nicole R	
STREET ADDRESS	15 Cypress Branch Way STE 203	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Brien, Donald T., Jr	
STREET ADDRESS	15 Cypress Branch Way STE 203	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #