


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000064068 1. Entity Name 21ST CENTURY TITLE INSURANCE AGENCY, INC.	
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Principal Place of Business 15 CYPRESS BRANCH WAY SUITE 203 PALM COAST, FL 32164	Mailing Address 15 CYPRESS BRANCH WAY SUITE 203 PALM COAST, FL 32164
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02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2635925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIBBS-GAZZOLI, NICOLE R 15 CYPRESS BRANCH WAY SUITE 203 PALM COAST, FL 32164
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**DO NOT WRITE
IN THIS SPACE**

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 _____

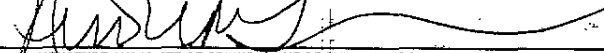
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDERMOTT, SANDRA M 15 CYPRESS BRANCH WAY, SUITE 203 PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAZZOLI, NICOLE R 15 CYPRESS BRANCH WAY, SUITE 203 PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'BRIEN, DUNALD T JR 15 CYPRESS BRANCH WAY, STE 203 PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80065-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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:  4/25/05 386-445-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____