## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Apr 12, 2007 8:00 am Secretary of State

DOCUMENT # P0100096368  1. Entity Name GULF COAST TITLE & ESCROW, INC.						7 90041 027 **	**150.00
Principal Place	a of Business	Mailing Address		¬ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	სეგჭში		
Principal Place of Business 12889 EMERALD COAST PARKWAY SUITE 112-A DESTIN, FL 32550		Mailing Address  12889 EMERALD COAST PARKWAY SUITE 112-A DESTIN, FL 32550		40			
2. Principal Place of Business - No P.O. Box # 6910 E. County Rd. 30-A		3. Mailing Address 6910 E. County Rd. 30–A					
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2		01102007	Chg-P	CR2E034 (12/0	6)
City & State Prominence, FL		City & State Prominence, FL			4. FEI Number Applied For 59-3751346 Not Applicable		
Zíp	Country	Zip	Country	5 Certificate o	f Status Desired	\$8.75	Additional
32413	United States		<u>United State</u>	es J. Continuate o	olatos Desired	Fee Requ	uired
	6. Name and Address of Current F	legistered Agent		7. Name and A	Address of New R	egistered Agent	
			Name	- T D			
	MATTHEW J			v J. Perras			
	ERALD COAST PARKWAY		6910 E.	ss (P.O. Box Number County RO	1 30-A	*1	
SUITE 112 DESTIN, F			Suite 2				
DESTIN, F	L 32550	1	City			<b>□</b> 1 Zip C	\ada
			Promine	ence		FL   324	113
	named entity sub hits this statement for	the purpose of changing its	registered office or regis	stered agent, or both	, in the State of Flo	orida. I am familiar w	ith, and accept
the obligati	the obligations of registered agent.						
SIGNATURE March Nura							
CICNIATURE	MILLERY VIVUE	•				1/22/17	
SIGNATURE_	Signature, typed or printed name of registered agent at	nd title it applicable. (NOTE	Registered Agent signature requ	ulled when reinstating)	. ,	1/22/07 DATE	
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	Registered Agent signature requ	ulled when reinstating)	, , , , , , , , , , , , , , , , , , , ,	1/22/07 DATE/	
FiL	Signature, typed or printed name of rewistered agent as E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig	gn Financing	55.00 May Be Added to Fees		//22/07 DATE/	
FiL	E NOWIII FEE IS \$150.00	9. Election Campaig     Trust Fund Contr	gn Financing	55.00 May Be added to Fees	CHANGES TO OFF	DATE DATE	ORS IN 11
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12. I hereby certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental epoyr's 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 true tele-empowerful to be decute 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 place like empowered.

CITY-ST-ZIP

SIGNATURE: Matthew J

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

(850) 231-1488 Daylume Phone #