

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90041 027 ***150.00

DOCUMENT # P01000096368					
1. Entity Name GULF COAST TITLE & ESCROW, INC.					
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		
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		
City & State Prominence, FL			City & State Prominence, FL		
Zip 32413		Country United States		Zip 32413	
		Country United States		4. FEI Number 59-3751346	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
PERRAS, MATTHEW J 12889 EMERALD COAST PARKWAY SUITE 112-A DESTIN, FL 32550					
7. Name and Address of New Registered Agent					
Name Matthew J. Perras					
Street Address (P.O. Box Number is Not Acceptable) 6910 E. County Rd., 30-A					
Suite 2					
City Prominence					
FL Zip Code 32413					
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  DATE 1/22/07					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, SUSAN J		NAME		
STREET ADDRESS	1331 NURSERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRAS, MATTHEW J		NAME		
STREET ADDRESS	1473 LIVE OAK ST		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Matthew J. Perras			1/22/07 (850) 231-1488 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40058430



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