2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000091932

FLORIDA COASTAL TITLE INSURANCE AGENCY, INC.

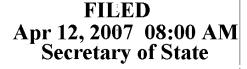


Principal Place of Business Mailing Address

12995 S. CLEVELAND AVE

SUITE 210 FORT MYERS, FL 33907

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TO BE BUILD OF THE CONTRACT OF T



Carrier Telephone

03302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 38-3659350

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KIESEL, THOMAS F

DO NOT WRITE

FT MYERS, FL 33901			IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered of	ffice or registered agent, or bo	th, in the State of Florida. I am far	niliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	I applicable (NOTE Registered Age	nt signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be		
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	DP KIESEL, THOMAS F 2121 MCGREGOR BLVD FT MYERS, FL 33902			<i>00000070206</i>	3
NAME SIREET ADDRESS CITY-ST-ZIP	DVST MCCORD, SUE 19800 NALLE RD N FT MYERS, FL 33917			04/20/07-80084	-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME				:	

12. I hereby certify that the information supplied 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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING