

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2007 08:00 AM  
Secretary of State

DOCUMENT # P02000091932

1. Entity Name  
FLORIDA COASTAL TITLE INSURANCE AGENCY, INC.



Principal Place of Business

12995 S. CLEVELAND AVE  
SUITE 210  
FORT MYERS, FL 33907

Mailing Address

12995 S. CLEVELAND AVE  
SUITE 210  
FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE



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

KIESEL, THOMAS F  
2121 MCGREGOR BLVD  
FT MYERS, FL 33901

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
KIESEL, THOMAS F  
2121 MCGREGOR BLVD  
FT MYERS, FL 33902

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
MCCORD, SUE  
19800 NALLE RD  
N FT MYERS, FL 33917

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000702068  
04/20/07-80084-018 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Kiesel 4/5/07 239 334-1800

Date

Daytime Phone #