2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091932

City-St-Zip: N FT MYERS, FL 33917

Entity Name: FLORIDA COASTAL TITLE INSURANCE AGENCY, INC.

FILED Apr 20, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Pla	New Principal Place of Business:		
12995 S. CLEVELAND AVE				2121 MCGREGOR BLVD.		
SUITE 210			2ND FLOOR			
FORT MYERS, FL 33907			FORT MYERS, FL	FORT MYERS, FL 33901		
Current M	lailing Addres	s:	New Mailing Add	New Mailing Address:		
12995 S. CLEVELAND AVE			2121 MCGREGOR	2121 MCGREGOR BLVD.		
SUITE 210			2ND FLOOR			
FORT MYERS, FL 33907			FORT MYERS, FL 33901			
FEI Number:	: 38-3659350	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	ss of New Registered Agent:					
KIESEL, T	HOMAS F					
	REGOR BLVD)				
	S, FL 33901	US				
	,					
-	1					
	named entity secondary	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,		
in the State	e oi Fiorida.					
SIGNATUR	RE:					
	Electron	ic Signature of Registered A	gent	Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICER	C AND DIDEO	TODO:	ADDITIONS	NOTE TO OFFICERS AND DIRECTORS		
OFFICER	S AND DIREC	IORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTORS:		
Title:	DP ()	Delete	Title:	() Change () Addition		
Name:	KIESEL, THOM	AS F	Name:			
Address:	2121 MCGREG		Address:			
City-St-Zip:	FT MYERS, FL	33902	City-St-Zip:			
Title:	DVST ()	Delete	Title:	() Change () Addition		
Name:	MCCORD, SUE		Name:	- , ,		
Address:	19800 NALLE F	RD	Address:			

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. KIESEL DP 04/20/2009