
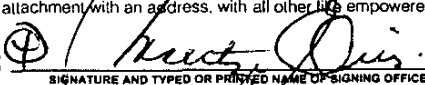


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90043 023 \*\*\*150.00

<b>DOCUMENT # P04000057396</b> 1. Entity Name <b>FLORIDA WEST COAST TITLE INSURANCE, INC.</b>					
Principal Place of Business <b>1726 SE 6TH LANE</b> <b>CAPE CORAL, FL 33990</b>			Mailing Address <b>1726 SE 6TH LANE</b> <b>CAPE CORAL, FL 33990</b>		
2. Principal Place of Business <b>1342 SE 46th LANE</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>CAPE CORAL, FLA.</b>			City & State		
Zip <b>33904</b>		Country <b>USA</b>		4. FEI Number <b>20-0982156</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>EIRIS, MARITZA</b> <b>1726 SE 6TH LANE</b> <b>CAPE CORAL, FL 33990</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b>	NAME <b>EIRIS, MARITZA</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>1726 SE 6TH LANE</b>	CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>		NAME <b>1726 SE 6TH LANE</b>		
CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>	CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>		STREET ADDRESS <b>CAPE CORAL, FL 33990</b>		
TITLE <b>P</b>	NAME <b>EIRIS, MARITZA</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>	CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>		STREET ADDRESS <b>CAPE CORAL, FL 33990</b>		
TITLE <b>P</b>	NAME <b>EIRIS, MARITZA</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>	CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>		STREET ADDRESS <b>CAPE CORAL, FL 33990</b>		
TITLE <b>P</b>	NAME <b>EIRIS, MARITZA</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>	CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>		STREET ADDRESS <b>CAPE CORAL, FL 33990</b>		
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 officers empowered.					
SIGNATURE: 			1-19-06 225-542-0827		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		