

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000133790

FILED
Mar 29, 2006
Secretary of State

Entity Name: GILL TITLE INSURANCE COMPANY, INC.

Current Principal Place of Business:

2509 W. CREST AVENUE
SUITE 3
TAMPA, FL 33614

New Principal Place of Business:

2504 W. CREST AVENUE
TAMPA, FL 33614

Current Mailing Address:

2509 W. CREST AVENUE
SUITE 3
TAMPA, FL 33614

New Mailing Address:

2504 W. CREST AVENUE
TAMPA, FL 33614

FEI Number: 20-1658171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILL, WILLIAM J
2509 WEST CREST AVE.
SUITE 2
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

GILL, WILLIAM J
2509 WEST CREST AVE.
SUITE 1
TAMPA, FL 33614 US

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.

SIGNATURE: WILLIAM J. GILL

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MYERS, MATT C
Address: 2509 W. CREST AVE., SUITE 3
City-St-Zip: TAMPA, FL 33614

Title: VPT () Delete
Name: GILL, WILLIAM J
Address: 2509 W. CREST AVE., SUITE 3
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MYERS, MATT C
Address: 2504 W. CREST AVE.
City-St-Zip: TAMPA, FL 33614

Title: VPT (X) Change () Addition
Name: GILL, WILLIAM J
Address: 2504 W. CREST AVE.
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the 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: MATT C. MYERS

PS

03/29/2006

Electronic Signature of Signing Officer or Director

Date