

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90102 029 ***150.00

DOCUMENT # P05000016182

1. Entity Name
COASTAL ISLAND TITLE CO., INC.



Principal Place of Business Mailing Address
2715 N. HARBOR CITY BLVD., #3 2715 N. HARBOR CITY BLVD., #3
MELBOURNE, FL 32935 MELBOURNE, FL 32935

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4128273 Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERDES, JUDY
2715 N. HARBOR CITY BLVD., #3
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name Michelle Denault

Street Address (P.O. Box Number is Not Acceptable)

2715 W Harbor City Blvd. #3
City Melbourne FL Zip Code 32935

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 Michelle Denault 1-17-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	PD	<input checked="" type="checkbox"/> Delete
NAME	GERDES, JUDY	
STREET ADDRESS	1900 POST RD #153	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HATCHER, MICHELLE	
STREET ADDRESS	2240 MAINE ST	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DENAULT, STEVEN TROY	
STREET ADDRESS	2240 MAINE ST	
CITY-ST-ZIP	MELBOURNE, FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Denault	
STREET ADDRESS	2240 Maine St.	
CITY-ST-ZIP	Melbourne, FL 32904	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Troy Denault	
STREET ADDRESS	2240 Maine St.	
CITY-ST-ZIP	Melbourne, FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michelle Denault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 321-751-2101
Date Daytime Phone #