2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-04-2008 90035 008 ***150.00

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1. Entity Name
CENTRAL COAST TITLE EXAMINATION & ABSTRACT COMPANY

Principal Place of Business	Mailing Address
103 N ATLANTIC AVE COCOA BEACH, FL 32931	103 N ATLANTIC AVE COCOA BEACH, FL 32931

66008156

03262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
257 N. ORLando Ave.	257 N. Orlando Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa Beach, FL	City & State: Cocoa Beach, FL
Zip: 32931 Country: Brevard	Zip: 32931 Country: Brevard

4. FEI Number: 20-2460027 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNELL, ROBIN M ESQ
103 N ATLANTIC AVE
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name: CORnell, RobiN M
Street Address (P.O. Box Number is Not Acceptable): 257 N. ORLando Ave
City: Cocoa Beach FL Zip Code: 32931

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] Robin ML Cornell 4-1-08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELL, ROBIN M ESQ 103 N ATLANTIC AVE COCOA BEACH, FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CORnell, RobiN M 257 N. ORLando Ave COCOA BEACH FL 32931 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, JASON M ESQ. 103 N. ATLANTIC AVE. COCOA BEACH, FL 32931	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GORDON, JASON M 257 N. ORLando Ave Director Cocoa BEACH, FL 32931 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Jason M. Gordon Director 4-1-08 321-799-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #