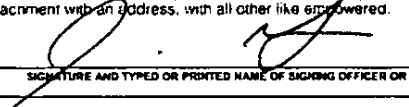


2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-04-2008 90035 008 ***150.00

DOCUMENT # P05000017944			
1. Entity Name CENTRAL COAST TITLE EXAMINATION & ABSTRACT COMPANY			
Principal Place of Business 103 N ATLANTIC AVE COCOA BEACH, FL 32931		Mailing Address 103 N ATLANTIC AVE COCOA BEACH, FL 32931	
2. Principal Place of Business - No P.O. Box 257 N. Orlando Ave.		3. Mailing Address 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 a registered agent. SIGNATURE  Robin M. Cornell DATE 4-1-08 (NOTE: Registered Agent signature required when reinstating)			
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 ☒ Change ☐ Addition Cornell, Robin M 257 N. Orlando Ave COCOA BEACH FL 32931
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 ☐ Change ☒ Addition 257 N. Orlando Ave Director COCOA BEACH, FL 32931
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
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
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:  Jason M. Gordon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-1-08 321-799-4777 Date Daytime Phone #	