

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024758

FILED
Apr 25, 2008
Secretary of State

Entity Name: FIRST COAST TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

39 OLD KINGS ROAD NORTH
UNIT ONE
PALM COAST, FL 32137

New Principal Place of Business:

15 CYPRESS BRANCH WAY
STE 203
PALM COAST, FL 32164

Current Mailing Address:

39 OLD KINGS ROAD NORTH
UNIT ONE
PALM COAST, FL 32137

New Mailing Address:

15 CYPRESS BRANCH WAY
STE 203
PALM COAST, FL 32164

FEI Number: 20-8516359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMOTT, SANDRA M
39 OLD KINGS ROAD NORTH
UNIT ONE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

MCDERMOTT, SANDRA M
15 CYPRESS BRANCH WAT
STE 203
PALM COAST, FL 32164 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: SANDRA M. MCDERMOTT

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDERMOTT, SANDRA
Address: 39 OLD KINGS ROAD NORTH, UNIT ONE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: TOFAL, DONNA
Address: 39 OLD KINGS ROAD NORTH, UNIT ONE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SABOE, RUSSELL
Address: 39 OLD KINGS ROAD NORTH, UNIT ONE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVSD (X) Change () Addition
Name: MCDERMOTT, SANDRA
Address: 15 CYPRESS BRANCH WAY STE 204
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SANDRA M. MCDERMOTT

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04/25/2008

Electronic Signature of Signing Officer or Director

Date