

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084051

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** GULFATLANTIC TITLE OF LAWYERS, INC.

**Current Principal Place of Business:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

2510 N. REDHILL AVE.  
C/O MADELINE BAREWALD  
SANTA ANA, CA 92705 US

**New Mailing Address:**

2510 N. REDHILL AVE.  
C/O MADELINE G. M. LOVEJOY  
SANTA ANA, CA 92705 US

**FEI Number:** 61-1535629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: QUIRK, RAYMOND R  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 UA

Title: EVPD  
Name: PARK, ANTHONY J  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: EVPS  
Name: GRAVELLE, MICHAEL L  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: T  
Name: MURPHY, DANIEL K  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L. GRAVELLE

EVPS

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date