

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074084

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: FIRST NATIONAL TITLE & CLOSING SERVICES, INC.

## Current Principal Place of Business:

3560 KRAFT ROAD  
NAPLES, FL 34105

## New Principal Place of Business:

3560 KRAFT ROAD  
NAPLES, FL 34105 US

## Current Mailing Address:

1415 PANTHER LANE  
164  
NAPLES, FL 34109

## New Mailing Address:

3560 KRAFT ROAD  
NAPLES, FL 34105 US

FEI Number: 26-3128948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COGHILL, TRACY L  
1415 PANTHER LANE  
164  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

COGHILL, TRACY L  
3560 KRAFT ROAD  
NAPLES, FL 34105 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: TRACY COGHILL

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete  
Name: COGHILL, TRACY L  
Address: 1415 PANTHER LANE, SUITE 164  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: REICHERT, ROBERT T  
Address: 1415 PANTHER LANE, SUITE 164  
City-St-Zip: NAPLES, FL 34109

Title: SVP ( ) Delete  
Name: HIRE, NANCYE  
Address: 1415 PANTHER LANE, SUITE 164  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition  
Name: COGHILL, TRACY L  
Address: 3560 KRAFT ROAD  
City-St-Zip: NAPLES, FL 34105 US

Title: D (X) Change ( ) Addition  
Name: REICHERT, ROBERT T  
Address: 3560 KRAFT ROAD  
City-St-Zip: NAPLES, FL 34105 US

Title: SVP (X) Change ( ) Addition  
Name: HIRE, NANCYE  
Address: 3560 KRAFT ROAD  
City-St-Zip: NAPLES, FL 34105 US

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: TRACY L. COGHILL

D, P

04/16/2009

Electronic Signature of Signing Officer or Director

Date