

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000079047

FILED
May 01, 2011
Secretary of State

Entity Name: TURNKEY TITLE INSURANCE AGENCY INC.

Current Principal Place of Business:

12955 S. CLEVELAND AVE., #248
FT. MYERS, FL 33907

New Principal Place of Business:

9226 CALLE ARRAGON AVE
105
FORT MYERS, FL 33908

Current Mailing Address:

9226 CALLE ARRAGON AVE.
FT. MYERS, FL 33908

New Mailing Address:

9226 CALLE ARRAGON AVE.
105
FT. MYERS, FL 33908

FEI Number: 45-1272088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, PATRICIA N
9226 CALLE ARRAGON AVE., #105
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

MOORE, PATRICIA N
9226 CALLE ARRAGON AVE.
105
FT. MYERS, FL 33908 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:

05/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BERMASCONI, MEGAN
Address: 3345 14TH AVE., SE
City-St-Zip: NAPLES, FL 34117

Title: VD
Name: MOORE, PATRICIA N
Address: 9226 CALLE ARRAGON AVE., #105
City-St-Zip: FT. MYERS, FL 33908

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: PATRICIA N MOORE

VD

05/01/2011

Electronic Signature of Signing Officer or Director

Date