

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025557

FILED
Mar 30, 2009
Secretary of State

Entity Name: GULF SHORE TITLE COMPANY

Current Principal Place of Business:

3337 TAMiami TRAIL N.
NAPLES, FL 34103 US

New Principal Place of Business:

3400 TAMiami TRAIL NORTH
SUITE 201
NAPLES, FL 34103 US

Current Mailing Address:

3337 TAMiami TRAIL N.
NAPLES, FL 34103 US

New Mailing Address:

3400 TAMiami TRAIL NORTH
SUITE 201
NAPLES, FL 34103 US

FEI Number: 59-3174268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRANT, SCOTT M
3337 TAMiami TRAIL N.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GRANT, SCOTT M
3400 TAMiami TRAIL NORTH
SUITE 201
NAPLES, FL 34103 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:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GRANT, SCOTT
Address: 3337 TAMiami TRAIL N.
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: GRANT, LISA F
Address: 3337 TAMiami TRAIL N.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: GRANT, SCOTT M
Address: 3400 TAMiami TRAIL NORTH, SUITE 201
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Change () Addition
Name: GRANT, LISA F
Address: 3400 TAMiami TRAIL NORTH, SUITE 201
City-St-Zip: NAPLES, FL 34103

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: SCOTT M. GRANT

PTSD

03/30/2009

Electronic Signature of Signing Officer or Director

Date