

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000055061

FILED
Apr 27, 2006
Secretary of State

Entity Name: COASTAL SECURITY TITLE OF FLORIDA, INC.

Current Principal Place of Business:

3750 GUNN HIGHWAY
SUITE 2C
TAMPA, FL 33624 US

New Principal Place of Business:

3902 HENDERSON BLVD.
SUITE 203
TAMPA, FL 33629 US

Current Mailing Address:

3300 HENDERSON BLVD.
SUITE 102
TAMPA, FL 33609 US

New Mailing Address:

3902 HENDERSON BLVD.
SUITE 203
TAMPA, FL 336029 US

FEI Number: 59-3257612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, RALPH III
3300 HENDERSON BLVD.
SUITE 102
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

GARCIA, RALPH III
3902 HENDERSON BLVD.
SUITE 203
TAMPA, FL 336029 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:

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: GARCIA, RALPH III
Address: 3750 GUNN HWY., SUITE 2C
City-St-Zip: TAMPA, FL 33624 US

Title: D () Delete
Name: GARCIA, RALPH III
Address: 3750 GUNN HWY., SUITE 2C
City-St-Zip: TAMPA, FL 33624 US

Title: D () Delete
Name: SCHRENK, MIKE
Address: 3750 GUNN HWY., SUITE 2C
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: GARCIA, RALPH III
Address: 3902 HENDERSON BLVD. STE 203
City-St-Zip: TAMPA, FL 33629 US

Title: D (X) Change () Addition
Name: GARCIA, RALPH III
Address: 3902 HENDERSON BLVD STE. 203
City-St-Zip: TAMPA, FL 33629 US

Title: D (X) Change () Addition
Name: SCHRENK, MIKE
Address: 3902 HENDERSON BLVD. STE 203
City-St-Zip: TAMPA, FL 33629 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH GARCIA, III

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04/27/2006

Electronic Signature of Signing Officer or Director

Date