

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032899

FILED
Apr 14, 2010
Secretary of State

Entity Name: COAST TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST, FL 32164 US

New Principal Place of Business:

Current Mailing Address:

15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST, FL 32164 US

New Mailing Address:

FEI Number: 59-3315917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCDERMOTT, SANDRA M
15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST, FL 32164 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDTS
Name: MCDERMOTT, SANDRA M
Address: 15 CYPRESS BRANCH WAY SUITE 203
City-St-Zip: PALM COAST, FL 32164

Title: VD
Name: GAZZOLI, NICOLE R
Address: 15 CYPRESS BRANCH WAY SUITE 203
City-St-Zip: PALM COAST, FL 32164

Title: D
Name: GIBBS, JUDITH L
Address: 15 CYPRESS BRANCH WAY, STE 203
City-St-Zip: PALM COAST, FL 32164

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: NICOLE R. GAZZOLI

DVP

04/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date