

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032899

FILED  
Apr 13, 2011  
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

**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: SANDRA M. MCDERMOTT

PD

04/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date