

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000014977**

**1. Entity Name**  
**LAWYERS TITLE AGENCY OF THE EMERALD COAST,**  
**INC.**



**Principal Place of Business**  
**1400 30TH ST**  
**A**  
**NICEVILLE, FL 32578 US**

**Mailing Address**  
**1400 30TH STREET**  
**A**  
**NICEVILLE, FL 32578 US**

**DO NOT WRITE IN THIS SPACE**



05312006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**59-3456962**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**PAUL, LARRY W**  
**1400 30TH STREET**  
**NICEVILLE, FL 32578**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** DP  
**NAME** ENDRY, JOSEPH  
**STREET ADDRESS** 127 PALAFOX PLACE, SUITE 200  
**CITY-ST-ZIP** PENSACOLA, FL 32502

**TITLE** VPST  
**NAME** MCKINNON, DENIS  
**STREET ADDRESS** 127 PALAFOX PLACE, SUITE 200  
**CITY-ST-ZIP** PENSACOLA, FL 32502

**TITLE** DVP  
**NAME** SLOAN, LINTON  
**STREET ADDRESS** 20 N. ORANGE AVENUE, SUITE 500  
**CITY-ST-ZIP** ORLANDO, FL 32801

**TITLE** VP  
**NAME** PAUL, LARRY W  
**STREET ADDRESS** 1400 30TH ST, SUITE A  
**CITY-ST-ZIP** NICEVILLE, FL 32578

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000567122  
06/13/06-80002-003 550.00

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Larry W. Paul*  
**Larry W. Paul**

*6/12/2006*  
**6/12/2006**

*(850)897-0052*  
**(850)897-0052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #