

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027108

FILED  
Apr 19, 2012  
Secretary of State

Entity Name: AVIS TITLE INSURANCE AGENCY INC.

## Current Principal Place of Business:

15 CYPRESS BRANCH WAY  
SUITE 203  
PALM COAST, FL 32164

## New Principal Place of Business:

## Current Mailing Address:

15 CYPRESS BRANCH WAY  
SUITE 203  
PALM COAST, FL 32164

## New Mailing Address:

FEI Number: 59-3497893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GAZZOLI, NICOLE R  
15 CYPRESS BRANCH WAY  
SUITE 203  
PALM COAST, FL 32164 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: NICOLE R. GAZZOLI

04/19/2012

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, JOHN R  
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 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

04/19/2012

Electronic Signature of Signing Officer or Director

Date