

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038791

FILED
Feb 16, 2004
Secretary of State

Entity Name: GULF COAST TITLE CLOSINGS & ESCROW SERVICES, INC.

Current Principal Place of Business:

32815 US HWY 19 NORTH
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

32815 US HWY 19 NORTH
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3572832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEHLAU, CHERYL L
4942 FELECITY WAY
PALM HARBOR, FL 34685 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: VP () Delete
Name: WEHLAU, JOHN T
Address: 4942 FELECITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: PD () Delete
Name: WEHLAU, CHERYL L
Address: 4942 FELECITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: ST () Delete
Name: TAYLOR, ELSIE F
Address: 4435 SERENITY TRAIL
City-St-Zip: PALM HARBOR, FL 34685

Title: VP () Delete
Name: WALSH, CYNTHIA T
Address: 1526 SAN MATEO DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: VP () Delete
Name: CARLEY, DEVIN
Address: 68 WEST PARK ST.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete
Name: TAYLOR, DAVID B
Address: 4435 SERENITY TRAIL
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEHLAU, JOHN T
Address: 4942 FELECITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Change () Addition
Name: WEHLAU, CHERYL L
Address: 4942 FELECITY WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHERYL L. WELAU

D

02/16/2004

Electronic Signature of Signing Officer or Director

Date