2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038791

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

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
32815 US HWY 19 NORTH PALM HARBOR, FL 34683					
Current Mailing Address:			New Mailing Address:		
32815 US HWY 19 NORTH PALM HARBOR, FL 34683					
FEI Number: 59-3572832 FEI Number Applied For () FEI Num			mber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
WEHLAU, CHERYL L 4942 FELECITY WAY PALM HARBOR, FL 34685 US			SORENSEN, HENRY T II 32815 US HWY 19 N PALM HARBOR, FL 34684 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: HENRY T SORENSON II				04/27/2005	
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () [WEHLAU, JOHN 4942 FELECITY PALM HARBOR,	WAY	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition WEHLAU, JOHN T 4942 FELECITY WAY PALM HARBOR, FL 34685	
Title: Name: Address: City-St-Zip:	D () E WEHLAU, CHER 4942 FELECITY PALM HARBOR,	WAY	Title: Name: Address: City-St-Zip:	DST (X) Change () Addition WEHLAU, CHERYL L 4942 FELECITY WAY PALM HARBOR, FL 34685	
Title: Name: Address: City-St-Zip:	ST () I TAYLOR, ELSIE 4435 SERENITY PALM HARBOR,	TRAIL	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition SORENSEN, HENRY T II 10610 WEYBRIDGE DRIVE TAMPA, FL 33626	
Title: Name: Address: City-St-Zip:	VP ()[WALSH, CYNTHI 1526 SAN MATE DUNEDIN, FL 34	O DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition COMINOS, VASILIOS 3058 WENTWORTH WAY TARPON SPRINGS, FL 34688	
Title: Name: Address: City-St-Zip:	VP () [CARLEY, DEVIN 68 WEST PARK TARPON SPRING	ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VP ()[Delete B	Title: Name	VP (X) Change () Addition	

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.

Address:

City-St-Zip:

4446 SERENITY TRAIL

PALM HARBOR, FL 34685

SIGNATURE: EDMUND J OMAN VP 04/27/2005

4435 SERENITY TRAIL

PALM HARBOR, FL 34685

Address:

City-St-Zip: