2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # P99000092479 1. Entity Name REALTY TITLE, INC. PALM COAST						04-23-2004	90258 00)5 ***15	50.00	
Principal Place of Business 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164		Mailing Address 15 CYPRESS BRANCH WAY STE 203 PALM COAST, FL 32164				1 11 48 1144 1244 1244 1244	# # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		188 2 2 88	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092004	Chg-P	CR2E034	4 (10/03)		
City & State		City & State			4. FEI Number 59-3602853				Applied For Not Applicable	
Zìp	Country	Zip	Country	•	5. Certificate of Status Desired			¢9.75 Additional		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R				
GIBBS-GAZZOLI NICOLE				Name						
15 CYPRE STE 203	SS BRANCH WAY		St	Street Address (P.O. Box Number is Not Acceptable)						
PALM COAST, FL 32164										
			Ci	,			FL	Zip Code		
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										
	og start type or printed name of registered agent	Will the Copyosable. (14	OTC. Hogistered Ager	it signatore required	when remstating)	*****	DATE			
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	ICERS AND C	IRECTORS	3 IN 11	
TITLE NAME	PD MCDERMOTT, SANDRA M	☐ Delete	TITLE				[Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1			DRESS IP						
TITLE	VSD	☐ Delete	TITLE	V		_		Change	Addition	
NAME STREET ADDRESS	GAZZOLI, NICOLE R			ET ADDRESS 15 Cypress Branch way STE 203						
CITY-ST-ZIP	15 CYPRESS BRANCH WAY STE. 203 STR PALM COAST, FL 32164 CITY			Palm	Coast	FL 32164	i	•		
TITLE NAME		☐ Delete	TITLE NAME	S.T.		ald T. Jr		Change	Addition	
STREET ADDRESS			STREET ADI	DRESS /5 (Lypress i	Branch Way	STE &	403		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-Z	P Paln	n Coast	Branch Way FL 32	L164			
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NAME CIRCLI ADDDCCC			NAME							
STREET ADDRESS 1			STREET ADI	·						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this repect 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 releven 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 attact trief, with an address, with all diper like empowered.										
SIGNATURE: Nicole R. Gazzori 4-15-04 386-445-2100										