

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S73849

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** CAPE CORAL TITLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1307 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1307 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 59-3080082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUMBIE, BRICE W.  
1307 CAPE CORAL PKWY E  
CAPE CORAL, FL 33904 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

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: CUMBIE, BRICE W  
Address: 703 EL DORADO PKWY W  
City-St-Zip: CAPE CORAL, FL 33914 US

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: BRICE W. CUMBIE

PRES

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date