

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G12226

Entity Name: TROPICAL TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

660 9TH STREET NORTH
SUITE 3
NAPLES, FL 34102

Current Mailing Address:

660 9TH STREET NORTH
SUITE 3
NAPLES, FL 34102 US

FEI Number: 59-2238122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, SIMONE
660 9TH STREET NORTH
STE. 3
NAPLES, FL 34102 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	V
Name	PHILLIPS, SIMONE	Name	PHILLIPS, TIMOTHY ALAN
Address	660 9TH ST. N. STE. 3	Address	660 9TH ST. N. STE. 3
City-State-Zip:	NAPLES FL 34102	City-State-Zip:	NAPLES FL 34102

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: TIMOTHY A PHILLIPS

VICE PRESIDENT

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date