
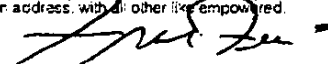


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 524660			
1. Entity Name TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.			
Principal Place of Business 401 S INDIAN RIVER DRIVE FT. PIERCE, FL 34950		Mailing Address 401 S INDIAN RIVER DRIVE FT. PIERCE, FL 34950	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02242005		Chg-P	CR2E034 (10/03)
4. FEI Number 59-1718704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FEE, FRANK H III 401 A S. INDIAN RIVER DRIVE FT. PIERCE, FL 34950		Name Street Address (P.O. Box Number is Not Acceptable) City 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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, FRANK H. III	NAME	
STREET ADDRESS	401A S. INDIAN RV. DR.	STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL.	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, LEVAN N.	NAME	
STREET ADDRESS	2821 S. INDIAN RIVER DR	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON, LISA L	NAME	
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34950	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, JACQUELYN B	NAME	
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34950	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CONNIE S	NAME	
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34950	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 report 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 receiver 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 attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: Apr 7, 2005 772-461-7190	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	