

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 524660

FILED
Jun 07, 2007
Secretary of State**Entity Name:** TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.**Current Principal Place of Business:**500 VIRGINIA AVE., SUITE 200
FT. PIERCE, FL 34982**New Principal Place of Business:**500 VIRGINIA AVE.
SUITE 200
FT. PIERCE, FL 34982**Current Mailing Address:**500 VIRGINIA AVE., SUITE 200
FT. PIERCE, FL 34982**New Mailing Address:**500 VIRGINIA AVE.
SUITE 200
FT. PIERCE, FL 34982**FEI Number:** 59-1718704**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FEE, FRANK H III
401 A S. INDIAN RIVER DRIVE
FT. PIERCE, FL 34950 US**Name and Address of New Registered Agent:**FEE, FRANK H III
500 VIRGINIA AVE.
SUITE 200
FT. PIERCE, FL 34982 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:

06/07/2007

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: FEE, FRANK H III
Address: 401A S. INDIAN RV. DR.
City-St-Zip: FT. PIERCE FL,**Title:** VST () Delete
Name: FEE, LEVAN N
Address: 2821 S. INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34982**Title:** V () Delete
Name: BOLTON, LISA L
Address: 401 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950**Title:** V () Delete
Name: MOORE, CONNIE S
Address: 401 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: FEE, FRANK H III
Address: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FT. PIERCE, FL 34982 US**Title:** VST (X) Change () Addition
Name: FEE, LEVAN N
Address: 2821 S. INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34982 US**Title:** V (X) Change () Addition
Name: LOUNDS, WENDY
Address: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FORT PIERCE, FL 34982 US**Title:** V (X) Change () Addition
Name: MOORE, CONNIE S
Address: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FORT PIERCE, FL 34982 US**Title:** AV () Change (X) Addition
Name: DAILEY, NANCYE J
Address: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FORT PIERCE, FL 34982 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: CONNIE S. MOORE

V

06/07/2007

Electronic Signature of Signing Officer or Director_____
Date