

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079001

FILED
Jan 07, 2004
Secretary of State

Entity Name: ASSURANCE LAND TITLE & ESCROW, INC.

Current Principal Place of Business:

206 N. ORANGE AVE.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

1101 IDLEWILD AVENUE
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

PO BOX 1155
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 06-1639515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, SHARRI B
1646 RIVERS ROAD
GREEN COVE SPRINGS, FL 32043

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUNTER, SHARRI B
Address: 1646 RIVERS ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V () Delete
Name: BARRIE, LEON J III
Address: 1620 RIVERS ROAD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: ST () Delete
Name: BRIDGES, KATHRYN H
Address: 3784 SOUTHBANK CIRCLE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARRI B. HUNTER

P

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date