2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076594

Entity Name: FLORIDA TITLE & ABSTRACT, INC.

FILED Apr 29, 2008 Secretary of State

Littly Name: 1 LONDA	TITLE & ABSTRACT, INC.		
Current Principal Place of Business:		New Principal Place of Business:	
1600 EAST AMELIA STR ORLANDO, FL 32803	EET		
Current Mailing Address:		New Mailing Address:	
920 MAIN STREET WINDERMERE, FL 3478	36		
FEI Number: 01-0791906	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
ALLEN, MARK 920 MAIN STREET WINDERMERE, FL 3478	36 US		
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electron	ic Signature of Registered Age	ent	Date
Election Campaign Financing	g Trust Fund Contribution ().		

OFFICERS AND DIRECTORS:

ORLANDO, FL 32836

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ORLANDO, FL 32836

Title: () Delete Title: (X) Change () Addition ALLEN, MARK L ALLEN, MARK L Name: Name: 920 MAIN STREET Address: 920 MAIN STREET Address: City-St-Zip: WINDERMERE, FL 34786 City-St-Zip: WINDERMERE, FL 34786 Title: () Delete Title: ST (X) Change () Addition ALLEN, ANNE M ALLEN, ANNE M Name: Name: Address: Address: 920 MAIN STREET 920 MAIN STREET WINDERMERE, FL 34786 WINDERMERE, FL 34786 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: ALLEN, MATTHEW W Name: ALLEN, MATTHEW W Address: 10816 BOCA POINTE DR. Address: 10816 BOCA POINTE DR.

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.

City-St-Zip:

SIGNATURE: ANNE MALLEN ST 04/29/2008