

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143405

FILED
Mar 06, 2006
Secretary of State

Entity Name: CLASSIC TITLE COMPANY, INC.

Current Principal Place of Business:

467 SHADY CREEK LANE
CLERMONT, FL 34711

New Principal Place of Business:

1795 EAST HWY 50
SUITE A
CLERMONT, FL 34711

Current Mailing Address:

467 SHADY CREEK LANE
CLERMONT, FL 34711

New Mailing Address:

1795 EAST HWY 50
SUITE A
CLERMONT, FL 34711

FEI Number: 20-1759815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOELLER, SUSAN
467 SHADY CREEK LANE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

MOELLER, SUSAN
1795 EAST HWY 50
SUITE A
CLERMONT, FL 34711 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: _____

03/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MOELLER, SUSAN
Address: 467 SHADY CREEK LANE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SUSAN MOELLER

P

03/06/2006

Electronic Signature of Signing Officer or Director

Date