

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000143405

FILED  
May 01, 2009  
Secretary of State

Entity Name: CLASSIC TITLE COMPANY, INC.

**Current Principal Place of Business:**

1635 EAST HIGHWAY 50 STE 203  
CLERMONT, FL 34711

**New Principal Place of Business:**

1635 EAST HIGHWAY 50  
200  
CLERMONT, FL 34711

**Current Mailing Address:**

1635 EAST HIGHWAY 50 STE 203  
CLERMONT, FL 34711

**New Mailing Address:**

1635 EAST HIGHWAY 50  
200  
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  
1645 EAST HIGHWAY 50  
206  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

MOELLER, SUSAN  
1635 EAST HIGHWAY 50  
200  
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: \_\_\_\_\_

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MOELLER, SUSAN  
Address: 11626 GRACES WAY  
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete  
Name: MOELLER, KATHLEEN  
Address: 11626 GRACES WAY  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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

DPS

05/01/2009

Electronic Signature of Signing Officer or Director

Date