## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000147293

Entity Name: PEOPLES TITLE & ABSTRACT INC.

FILED Jan 13, 2006 Secretary of State

Name and Address of Current Registered Agent:  KROTZER, LEE H 10819 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).	Current F	Principal Place of Business:	New Principal Place of Business:
Current Mailing Address:  3830 WILLIAMBURG PARK SUITE 7B & E JACKSONVILLE, FL 32257  FEI Number: 05-0598694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired Name and Address of Current Registered Agent:  KROTZER, LEE H 10819 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIR  Title:  D ( ) Delete Name: KROTZER, LEE H Name: KROTZER, LEE H Name: KROTZER, LEE, FL 32257  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: Name: KROTZER, ANGELIRA D Name: KROTZER, SHANEE M	SUITE 7B	3 & E	
3830 WILLIAMBURG PARK SUITE 7B & E JACKSONVILLE, FL 32257  FEI Number: 05-0598694 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:  KROTZER, LEE H 10819 HIDDEN RIDGE COURT JACKSONVILLE, FL 32257 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent of in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  Electronic Signature of Reg		,	New Mailing Address:
Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name:	3830 WIL SUITE 7B	LIAMBURG PARK S & E	
KROTZER, LEE H  10819 HIDDEN RIDGE COURT  JACKSONVILLE, FL 32257 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date		,	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	Name an	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIR  Title:  D () Delete Title: () Change () Addition Name: KROTZER, LEE H Name: Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  Title: D () Delete Title: () Change () Addition Name: KROTZER, ANGELIKA D Name: KROTZER, ANGELIKA D Name: KROTZER, ANGELIKA D Name: Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  Title: D () Delete Title: () Change () Addition Name: KROTZER, ANGELIKA D Name: KROTZER, SHANE M Name: KROTZER, SHANE M Name: Address: 2255 S 2ND ST Address:	10819 HIE	DDEN RIDGE COURT	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  OFFICERS AND DIRECTORS:  Title:  D () Delete  Name:  KROTZER, LEE H  Address:  10819 HIDDEN RIDGE CT  City-St-Zip:  JACKSONVILLE, FL 32257  Title:  D () Delete  Title:  () Change () Addition  Name:  Address:  City-St-Zip:  Title:  D () Delete  Title:  () Change () Addition  Name:  Address:  City-St-Zip:  Title:  D () Delete  Title:  City-St-Zip:  Title:  Title:			the purpose of changing its registered office or registered agent, or b
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  D ( ) Delete Name: KROTZER, LEE H Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: JACKSONVILLE, FL 32257  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: KROTZER, ANGELIKA D Name: KROTZER, ANGELIKA D Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: KROTZER, SHANE M Name: Address: 2255 S 2ND ST Address: 2255 S 2ND ST	n the Stat	te of Florida.	the purpose of changing its registered office or registered agent, or b
Title: D () Delete Title: () Change () Addition Name: KROTZER, LEE H Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  Title: D () Delete Title: () Change () Addition Name: KROTZER, ANGELIKA D Name: KROTZER, ANGELIKA D Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  Title: D () Delete Title: () Change () Addition Name: KROTZER, ANGELIKA D Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  Title: D () Delete Title: () Change () Addition Name: KROTZER, SHANE M Name: KROTZER, SHANE M Address: 2255 S 2ND ST Address:	n the Stat	te of Florida. É	
Name: KROTZER, LEÉ H Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  City-St-Zip: D () Delete Name: KROTZER, ANGELIKA D Address: 10819 HIDDEN RIDGE CT City-St-Zip: JACKSONVILLE, FL 32257  City-St-Zip: JACKSONVILLE, FL 32257  City-St-Zip: JACKSONVILLE, FL 32257  City-St-Zip: JACKSONVILLE, FL 32257  City-St-Zip: City-St-Zip:  Title: D () Change () Addition Name: KROTZER, SHANE M Name: KROTZER, SHANE M Name: Address: 2255 S 2ND ST  Address: 2255 S 2ND ST	in the Stat	te of Florida.  IRE:  Electronic Signature of Registered	d Agent Date
Name:         KROTZER, ANGELIKA D         Name:           Address:         10819 HIDDEN RIDGE CT         Address:           City-St-Zip:         JACKSONVILLE, FL 32257         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         KROTZER, SHANE M         Name:           Address:         2255 S 2ND ST         Address:	in the Stat	te of Florida.  IRE:  Electronic Signature of Registered  Impaign Financing Trust Fund Contribution ( ).	d Agent Date
Name: KROTZER, SHANE M Name: Address: 2255 S 2ND ST Address:	in the State SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida.  IRE:  Electronic Signature of Registered  Ampaign Financing Trust Fund Contribution ( ).  ES AND DIRECTORS:  D ( ) Delete  KROTZER, LEE H  10819 HIDDEN RIDGE CT	ADDITIONS/CHANGES TO OFFICERS AND DIREC  Title: ( ) Change ( ) Addition Name: Address:
	in the State SIGNATU Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	te of Florida.  IRE:  Electronic Signature of Registered ampaign Financing Trust Fund Contribution ( ).  IS AND DIRECTORS:  D ( ) Delete  KROTZER, LEE H  10819 HIDDEN RIDGE CT  JACKSONVILLE, FL 32257  D ( ) Delete  KROTZER, ANGELIKA D  10819 HIDDEN RIDGE CT	ADDITIONS/CHANGES TO OFFICERS AND DIREC  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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: LEE H. KROTZER D 01/13/2006