

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050066

FILED
Jan 28, 2008
Secretary of State

Entity Name: SOUTHEAST TITLE OF THE SUNCOAST, INC.

Current Principal Place of Business:

2190 MARINER BLVD
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

2190 MARINER BLVD
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3516764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JAMES G
2190 MARINER BLVD
SPRING HILL, FL 34609 US

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: PD () Delete
Name: SMITH, JAMES G
Address: 2190 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: VP () Delete
Name: MARKS, KIMBERLY
Address: 2190 MARINER BLVD.
City-St-Zip: SPRING HILL, FL 34609

Title: ASVP () Delete
Name: AUVIL, SHIRLEY M
Address: 2190 MARINER BLVD.
City-St-Zip: SPRING HILL, FL 34609

Title: ASVP () Delete
Name: HECKMAN, LEIGH
Address: 2190 MARINER BLVD.
City-St-Zip: SPRING HILL, FL 34609

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:

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: JAMES G. SMITH

PD

01/28/2008

Electronic Signature of Signing Officer or Director

Date