


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 524660 1. Entity Name TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.	
--	---

Principal Place of Business 401 S INDIAN RIVER DRIVE FT. PIERCE, FL 34950	Mailing Address 401 S INDIAN RIVER DRIVE FT. PIERCE, FL 34950
---	---



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1718704	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK H III
 401 A S. INDIAN RIVER DRIVE
 FT. PIERCE, FL 34950

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEE, FRANK H. III 401A S. INDIAN RV. DR. FT. PIERCE FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FEE, LEVAN N. 2821 S. INDIAN RIVER DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOLTON, LISA L 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREWER, JACQUELYN B 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, CONNIE S 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000010230
 01/22/04-80022-022 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Pres Date: Jan 19, 2004 Daytime Phone #: 772-461-7190