

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524660

FILED
Apr 28, 2007
Secretary of State

Entity Name: TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.

Current Principal Place of Business:

500 VIRGINIA AVE., SUITE 200
FT. PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

500 VIRGINIA AVE., SUITE 200
FT. PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-1718704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FEE, FRANK H III
401 A S. INDIAN RIVER DRIVE
FT. PIERCE, FL 34950 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: FEE, FRANK H III
Address: 401A S. INDIAN RV. DR.
City-St-Zip: FT. PIERCE FL,

Title: VST () Delete
Name: FEE, LEVAN N
Address: 2821 S. INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34982

Title: V () Delete
Name: BOLTON, LISA L
Address: 401 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: V () Delete
Name: MOORE, CONNIE S
Address: 401 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

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: FRANK H FEE, III

PD

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date