
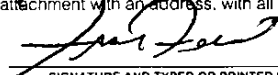


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90029 037 \*\*\*150.00

<b>DOCUMENT # 524660</b>			
1. Entity Name TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.			
Principal Place of Business 500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982		Mailing Address 500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FEE, FRANK H III 500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEE, FRANK H III	NAME	FRANK H. FEE, IV
STREET ADDRESS	500 VIRGINIA AVE., SUITE 200	STREET ADDRESS	500 VIRGINIA AVE., SUITE 200
CITY-ST-ZIP	FT. PIERCE, FL 34982	CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, LEVAN N	NAME	
STREET ADDRESS	2821 S. INDIAN RIVER DR	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUNDS, WENDY	NAME	
STREET ADDRESS	500 VIRGINIA AVE., SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CONNIE S	NAME	
STREET ADDRESS	500 VIRGINIA AVE., SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, NANCYE J	NAME	
STREET ADDRESS	500 VIRGINIA AVE., SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34982	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		FRANK H. FEE, III President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	772-461-5020
		Date	4/21/2008