

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524660

FILED
Apr 29, 2009
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
500 VIRGINIA AVE.
SUITE 200
FT. PIERCE, FL 34982 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: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FT. PIERCE, FL 34982 US

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

Title: V () Delete
Name: LOUNDS, WENDY
Address: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FORT PIERCE, FL 34982 US

Title: V () Delete
Name: MOORE, CONNIE S
Address: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FORT PIERCE, FL 34982 US

Title: AV () Delete
Name: DAILEY, NANCY J
Address: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FORT PIERCE, FL 34982 US

Title: V (X) Delete
Name: FEE, FRANK IV
Address: 500 VIRGINIA AVE, STE 200
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FEE, FRANK H IV
Address: 500 VIRGINIA AVE., SUITE 200
City-St-Zip: FORT PIERCE, FL 34982 US

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

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04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date