

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000079001

**Entity Name:** ASSURANCE LAND TITLE & ESCROW, INC.

**Current Principal Place of Business:**

1101 IDLEWILD AVENUE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

PO BOX 1155  
GREEN COVE SPRINGS, FL 32043

**FEI Number: 06-1639515**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HUNTER, SHARRI B  
1646 RIVERS ROAD  
GREEN COVE SPRINGS, FL 32043 US

*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

**Officer/Director Detail :**

Title P  
Name HUNTER, SHARRI B  
Address 1646 RIVERS ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title V  
Name BRIDGES, KATHRYN H  
Address PO BOX 1155  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title ST  
Name HUNTER, HARRY L  
Address 1646 RIVERS ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*I hereby 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 all other like empowered.*

**SIGNATURE: HARRY L. HUNTER**

**S/T**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date