


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 006211 1. Entity Name SECURITY ABSTRACT AND INSURANCE COMPANY	
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Principal Place of Business C/O STEWART TITLE GUARANTY CO. 3401 WEST CYPRESS ST., STE. 202 TAMPA, FL 33607 US	Mailing Address STEWART TITLE GUARANTY COMPANY 3401 WEST CYPRESS STREET TAMPA, FL 33607 US
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02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0440030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HICKMAN, HAROLD 3401 WEST CYPRESS ST. TAMPA, FL 33607

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, 2005 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	SD RENTZ, RONALD 319 CLEMATIS ST STE 207 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD HICKMAN, HAROLD E. 3401 WEST CYPRESS TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DS HICKMAN, JIMMY 3401 W CYPRESS ST TAMPA, FL
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DO NOT WRITE IN THIS SPACE

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03/10/05-80037-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 **813-8760619**
Date Daytime Phone #