2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 008266

Entity Name: FLAGLER COUNTY ABSTRACT COMPANY

FILED May 04, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
305 E. MOODY BLVD BUNNELL, FL 321100398				
Current Mailing Address:			New Mailing Address:	
P O BOX 398 305 E. MOODY BLVD. BUNNELL, FL 321100398				
FEI Number:	59-0244180	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
MCKNIGHT, III JESSE H. 1532 S. FLAGLER FLAGLER BEACH, FL 32136 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:				
	Electror	ic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD () MCKNIGHT, GE 1532 S. FLAGL FLAGLER BCH	ER AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD () MCKNIGHT, JE 1532 S. FLAGL FLAGLER BCH	ER	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () MCKNIGHT, VA 1532 S. FLAGL FLAGLER BEA	ER	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCKNIGHT, VANESSA 2659 ANNETTE STREET FLAGLER BEACH, FL 32136
Title: Name: Address: City-St-Zip:	D () MCKNIGHT, IS 1532 S. FLAGL FLAGLER BEA	ER	Title: Name: Address: City-St-Zip:	D (X) Change () Addition AKIALIS, ISADORA 1609 S. FLAGLER AVE FLAGLER BEACH, FL 32136
Title: Name: Address: City-St-Zip:		Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition AKIALIS, MICHAEL 1609 S. FLAGLER AVE FLAGLER BEACH, FL 32136
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition NAVARETTE, FRANK 2659 ANNETTE STREET FLAGLER BEACH, FL 32136

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: JESSE H. MCKNIGHT III PRES 05/04/2007