2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 008266

Entity Name: FLAGLER COUNTY ABSTRACT COMPANY

FILED Apr 02, 2008 Secretary of State

Current Pr	incipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
305 E. MOODY BLVD BUNNELL, FL 321100398				306 E. MOODY BLVD BUNNELL, FL 321100398	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
P O BOX 3 305 E. MOO BUNNELL,		3			
FEI Number:	59-0244180	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	s 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:					
	Electroni	c Signature of Registered Agent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD () MCKNIGHT, GEI 1532 S. FLAGLE FLAGLER BCH,	ER AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () MCKNIGHT, JES 1532 S. FLAGLE FLAGLER BCH,	ER	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MCKNIGHT, VAN 2659 ANNETTE FLAGLER BEAC	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () AKIALIS, ISADO 1609 S. FLAGLE FLAGLER BEAC	ER AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () AKIALIS, MICHA 1609 S. FLAGLE FLAGLER BEAC	ER AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NAVARETTE, FF 2659 ANNETTE FLAGLER BEAC	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 04/02/2008