2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 122267

1. Entity Name

ST. LUCIE ABSTRACT AND TITLE INSURANCE CO.

FILED

04 APR -9 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/08/04 90019 007 $158.75
94025514

Principal Place of Business	Mailing Address
1216 YORK AVENUE FT. PIERCE FL 34982	1216 YORK AVENUE FT. PIERCE FL 34982

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. 59-0432810 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOURSE, PHILIP G. 1216 YORK AVE. FORT PIERCE FL 33450	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 ✓ Philip G. Nourse — 3-10-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD NAME NOURSE, JIMMIE V. STREET ADDRESS 1216 YORK AVE. CITY-ST-ZIP FORT PIERCE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME NOURSE, JIMMIE A. STREET ADDRESS 1216 YORK AVENUE CITY-ST-ZIP FORT PIERCE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME FEE, LEVAN STREET ADDRESS 2821 S. IND. RIVER DR. CITY-ST-ZIP FT. PIERCE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME NOURSE, PHILIP G. STREET ADDRESS 1216 YORK AVENUE CITY-ST-ZIP FT. PIERCE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ Philip G. Nourse — 3-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #