2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 122267

1. Entity Name

ST. LUCIE ABSTRACT AND TITLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
C/O P. NOURSE 1216 YORK AVE. FT. PIERCE FL 33450	C/O P. NOURSE 1216 YORK AVE. FT. PIERCE FL 33450

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

1st MOORE CR2E034 (10/05)

4. FEI Number 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 34982	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 acc the obligations of registered agent.

SIGNATURE Philip G Nourse 3-13-06
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fo

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE TD NAME NOURSE, JIMMIE ANNE STREET ADDRESS 1216 YORK AVE CITY-ST-ZIP FORT PIERCE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add UU100046510? 03/22/06 00022-014 150.00
TITLE VD NAME FEE, LEVAN NOURSE STREET ADDRESS 2821 S. INDIAN RIVER DR. CITY-ST-ZIP FORT PIERCE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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 ☐ Add
TITLE PD NAME NOURSE, PHILIP G. STREET ADDRESS 1216 YORK AVE CITY-ST-ZIP FT. PIERCE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informati 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Philip G Nourse 3-13-06 461-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #