


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 122267	
1. Entity Name ST. LUCIE ABSTRACT AND TITLE INSURANCE COMPANY	

Principal Place of Business C/O P. NOURSE 1216 YORK AVE. FT. PIERCE FL 33450	Mailing Address C/O P. NOURSE 1216 YORK AVE. FT. PIERCE FL 33450
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-0432810	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOURSE, PHILIP G. 1216 YORK AVE. FORT PIERCE FL 34982	
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7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee, if applicable. (If OTF Registered Agent, signature required when submitting).

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete
NAME	NOURSE, JIMMIE ANNE
STREET ADDRESS	1216 YORK AVE
CITY-ST-ZIP	FORT PIERCE FL
TITLE	VD <input type="checkbox"/> Delete
NAME	FEE, LEVAN NOURSE
STREET ADDRESS	2821 S. INDIAN RIVER DR.
CITY-ST-ZIP	FORT PIERCE FL
TITLE	SD <input type="checkbox"/> Delete
NAME	NOURSE, JIMMIE V.
STREET ADDRESS	1216 YORK AVE.
CITY-ST-ZIP	FORT PIERCE FL
TITLE	PD <input type="checkbox"/> Delete
NAME	NOURSE, PHILIP G.
STREET ADDRESS	1216 YORK AVE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000826231
STREET ADDRESS	02/21/08-80042-004 150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 law empowered.

SIGNATURE: *Philip G. Nourse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR