2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 177435

Entity Name: DODD TITLE COMPANY, INC.

Current Principal Place of Business:

40 FOURTH STREET
P. O. BOX 38
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

40 FOURTH STREET
P. O. BOX 38
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 59-0724706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHULER, J G
100 21ST AVE
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHULER, ALFRED
Address: 34- 4TH ST.
City-St-Zip: APALACHICOLA, FL

Title: DP ( ) Delete
Name: SHULER, J. GORDON
Address: 34 - 4TH ST.
City-St-Zip: APALACHICOLA, FL

Title: TSD ( ) Delete
Name: SHULER, THOMAS M
Address: 34-4TH ST.
City-St-Zip: APALACHICOLA, FL

Title: V ( ) Delete
Name: MALOY, LINDA C.
Address: 34-4TH STREET
City-St-Zip: APALACHICOLA, FL

Title: VP ( ) Delete
Name: JOHNSON, KIMBERLY L
Address: 1627 LANDEN RD
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHULER, ALFRED
Address: 34- 4TH ST.
City-St-Zip: APALACHICOLA, FL 32320 US

Title: DP (X) Change ( ) Addition
Name: SHULER, J. GORDON
Address: 34 - 4TH ST.
City-St-Zip: APALACHICOLA, FL 32320 US

Title: TSD (X) Change ( ) Addition
Name: SHULER, THOMAS M
Address: 34-4TH ST.
City-St-Zip: APALACHICOLA, FL 32320 US

Title: VP (X) Change ( ) Addition
Name: MALOY, LINDA C
Address: 34-4TH STREET
City-St-Zip: APALACHICOLA, FL 32320 US

Title: VP (X) Change ( ) Addition
Name: JOHNSON, KIMBERLY L
Address: 1627 LINDEN RD
City-St-Zip: APALACHICOLA, FL 32320 US

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: THOMAS M. SHULER TS 01/06/2009

Electronic Signature of Signing Officer or Director — Date