

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 269377**

1. Entity Name  
**ARCADIA ABSTRACT AND TITLE COMPANY, INC.**



Principal Place of Business  
**20 W. OAK STREET  
ARCADIA, FL 34266 US**

Mailing Address  
**20 W. OAK STREET  
ARCADIA, FL 34266 US**



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1003775**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HEITMAN  
HEITMAN, EUGENE P  
20 W. OAK STREET  
ARCADIA, FL 34266**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HEITMAN, EUGENE P
STREET ADDRESS	5162 NW OAK HILL AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	VP
NAME	HEITMAN, EUGENE P II
STREET ADDRESS	128 W. OAK STREET
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	ST
NAME	HEITMAN, JEFFREY W
STREET ADDRESS	11011 NW LILY COUNTY LINE RD
CITY-ST-ZIP	ONA, FL 33865
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000597293  
01/24/07-80080-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-07 863-494-4300