

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2008 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



01252008 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

HEITWAN, 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, 2008 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	

**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

Overtime Phone #

1-25-08 863-494-430