


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 27 AM 10:43

<b>DOCUMENT # 276090</b>					
1. Entity Name <b>KAMPF TITLE AND GUARANTY CORPORATION.</b>					
Principal Place of Business <b>3999 WEST FIRST STREET STATE ROAD 46 SANFORD, FL 32771</b>			Mailing Address <b>P.O. BOX 1359 SANFORD, FL 32772-1359 US</b>		
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	02142008 Chg-P CR2E034 (12/06) 4. FEI Number <b>59-1027995</b> Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HEINLE, RUSSELL</b> <b>3999 WEST FIRST STREET STATE ROAD 46</b> <b>SANFORD, FL 32771</b>				Name <b>DORIS K. KAMPF</b> Street Address (P.O. Box Number is Not Acceptable) <b>171 GOLFSIDE CIRCLE</b> <b>SANFORD,</b> City <b>SANFORD</b> FL Zip Code <b>32773</b>	
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 <b>DORIS K. KAMPF, OWNER.</b> <i>Doris K. Kampf</i> <b>02/22/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEINLE, RUSSELL		NAME	<b>100119104281</b>	
STREET ADDRESS	4924 RED BRICK RUN		STREET ADDRESS	<b>02/29/08--01009--009 ***61.25</b>	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMPF, DORIS		NAME	<b>D/M/T/S/O/</b>	
STREET ADDRESS	3999 WEST FIRST STREET STATE ROAD 46		STREET ADDRESS	<b>KAMPF, DORIS</b>	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	<b>171 GOLFSIDE CIRCLE</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>SANFORD, FL. 32773</b>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Doris K. Kampf</i> <b>02/22/08</b> (407) 322-9484 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					