


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 415123</b> 1. Entity Name STEWART TITLE COMPANY OF SARASOTA, INC.	
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Principal Place of Business 3530 WEBBER ST P.O. BOX 7877 SARASOTA, FL 34239	Mailing Address 3530 WEBBER ST P.O. BOX 7877 SARASOTA, FL 34239
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03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1434348	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

HICKMAN, HAROLD E. 3401 W. CYPRESS #101 TAMPA, FL 33607
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**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, HAROLD 3401 W CYPRESS #101 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, KEVIN M. 4134 CENTRAL AVE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNEL, PHILIP J. 521 HAVEN PT ROAD TREASURE ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHLER, EUGENE A. 3035 COUNTRYSIDE BLVD. #17B CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000742939  
05/15/07-80089-010 150.00

**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

Kevin Hussey

Date

Daytime Phone #

727-327-5775