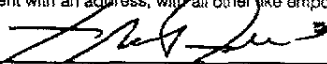


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 524660			
1. Entity Name TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.			
Principal Place of Business 401 S INDIAN RIVER DRIVE FT. PIERCE, FL 34950	Mailing Address 401 S INDIAN RIVER DRIVE FT. PIERCE, FL 34950		
DO NOT WRITE IN THIS SPACE			
		01192004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1718704	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FEE, FRANK H III 401 A S. INDIAN RIVER DRIVE FT. PIERCE, FL 34950		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEE, FRANK H. III 401A S. INDIAN RV. DR. FT. PIERCE FL,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FEE, LEVAN N. 2821 S. INDIAN RIVER DR FORT PIERCE, FL 34982		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOLTON, LISA L 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREWER, JACQUELYN B 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, CONNIE S 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Pres		Date Jan 19, 2004	Daytime Phone # 772-461-7190