2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2008 8:00 am Secretary of State

4/21/2008

772÷461-5020

Davtime Phone #

DOCUMENT # 524660 1. Entity Name TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.							04-22-2008 90029 037 ***150.00					
Principal Place	e of Busines:	;	Mailing Address		•	יטטע	•					
500 VIRGINIA AVE.			500 VIRGINIA AVE.				•					
SUITE 200			SUITE 200					I _k				
FT. PIERCE, F	L 34982		FT. PIERCE, FL 34982				: 		I RIBII BIBII BEBI	1881 () 1881		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04212008	Chg-P	CR2E0	34 (12/06)		
City & State			City & State				4. FEI Numbe 59-171				plied For t Applicable	
Zip	Zip Country		Zip Coun		itry		5. Certificate	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
FEE, FRAN	NIA AVE.		Street Addre			dress ((P.O. Box Number is Not Acceptable)					
SUITE 200 FT. PIERCE, FL 34982												
				City				FL	Zip Code			
The above named entity submits this statement for the ourcose of cheming its registers.						d 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 talle it applicable (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND D	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	\$ IN 11	
TITLE	PD		Delete TITE		E	V				Change	(Addition	
NAME	FEE, FRA	NK H III	MAN		IE		FRANK H. FEE, IV					
STREET ADDRESS		INIA AVE., SUITE 200			EET ADDRESS							
CITY-ST-ZIP	FT. PIER	CE, FL 34982	····	CITY	-ST-ZIP	FT.	PIERCE, FL	34982				
TITLE	VST	·.	☐ Delete	TITL						☐ Change	Addition	
NAME	FEE, LEV	* *		NAM								
STREET ADDRESS CITY-ST-ZIP		IDIAN RIVER DR RCE, FL 34982	i i		EET ADDRESS '-ST-ZIP							
			<u> </u>	-1-						Change	☐ Addition	
TITLE NAME	V LOUNDS	WENDY	☐ Delete	TITL						☐ Change	☐ Addition	
STREET ADDRESS		INIA AVE., SUITE 200			EET ADDRESS							
CITY-ST-ZIP	ı	RCE, FL 34982	<i>:</i>	CITY	-ST-ZIP							
TITLE	v	•:	. Delete	TITL	Ε			*		☐ Change	Addition	
NAME	MOORE,	CONNIE S		NAM	ıε							
STREET ADDRESS		INIA AVE., SUITE 200			EET ADDRESS							
CITY-ST-ZIP	FORT PIE	RCE, FL 34982		CITY	'-ST-ZIP							
TITLE	AV		☐ Delete	TITL						☐ Change	☐ Addition	
NAME CTOCCT ADDOCCC	l .	NANCYE J		NAM								
STREET ADDRESS CITY-ST-ZIP	f	INIA AVE., SUITE 200 ERCE, FL 34982		1	EET ADDRESS '-ST-ZIP							
	IONIFIE	-NOL, IL 34802	□ n.c							☐ Change	Addition	
TITLE NAME			☐ Defete	TITL						change	FOUNDIT	
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP					r-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. FRANK H. FEE, III												

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR