
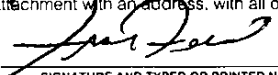


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2008 90029 037 \*\*\*150.00

<b>DOCUMENT # 524660</b> 1. Entity Name <b>TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.</b>					
Principal Place of Business <b>500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982</b>			Mailing Address <b>500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>59-1718704</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04212008      Chg-P      CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  <b>FEE, FRANK H III 500 VIRGINIA AVE. SUITE 200 FT. PIERCE, FL 34982</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEE, FRANK H III 500 VIRGINIA AVE., SUITE 200 FT. PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FEE, LEVAN N 2821 S. INDIAN RIVER DR FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOUNDS, WENDY 500 VIRGINIA AVE., SUITE 200 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, CONNIE S 500 VIRGINIA AVE., SUITE 200 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV DAILEY, NANCY J 500 VIRGINIA AVE., SUITE 200 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANK H. FEE, IV 500 VIRGINIA AVE., SUITE 200 FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANK H. FEE, IV 500 VIRGINIA AVE., SUITE 200 FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANK H. FEE, IV 500 VIRGINIA AVE., SUITE 200 FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANK H. FEE, IV 500 VIRGINIA AVE., SUITE 200 FT. PIERCE, FL 34982	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 		<b>FRANK H. FEE, III</b> President		4/21/2008      772-461-5020 <small>Date      Daytime Phone #</small>	