2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# 566810

Entity Name: FIVE POINTS TITLE SERVICES CO., INC.

Current Principal Place of Business:

8014 SW 135TH ST RD
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

8014 SW 135TH ST RD
OCALA, FL 34473

New Mailing Address:

FEI Number: 59-1811722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCHE, NANCY
8014 SW 135TH ST RD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MOORE, ROBERT
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: P ( ) Delete
Name: ROCHE, NANCY,
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: SD ( ) Delete
Name: HUMMERHIELM, SHARON,
Address: 999 BRICKELL AVE SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: DVP ( ) Delete
Name: GRAM, ANTONY
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: AS ( ) Delete
Name: FISHER, BETH
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: DEWILDE, CHRISTEL
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: P (X) Change ( ) Addition
Name: ROCHE, NANCY
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: SD (X) Change ( ) Addition
Name: HUMMERHIELM, SHARON
Address: 999 BRICKELL AVE SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HUMMERHIELM SD 01/11/2006

Electronic Signature of Signing Officer or Director — Date