

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 653200

FILED
Jan 23, 2008
Secretary of State

Entity Name: COLLINS TITLE & ABSTRACT COMPANY, INC.

Current Principal Place of Business:

3700 US HIGHWAY 1 SOUTH
ST AUGUSTINE, FL 320867150

New Principal Place of Business:

Current Mailing Address:

3700 US HIGHWAY 1 SOUTH
ST AUGUSTINE, FL 320867150

New Mailing Address:

FEI Number: 59-2000340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, J. RUSSELL
3700 US HIGHWAY 1 SOUTH
SAINT AUGUSTINE, FL 320867150 US

Name and Address of New Registered Agent:

COLLINS, BARBARA W
3700 US HIGHWAY 1 SOUTH
SAINT AUGUSTINE, FL 320867150 US

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: BARBARA W. COLLINS

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLINS, STANLEY B
Address: 3700 US HIGHWAY 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 320867150

Title: VD () Delete
Name: COLLINS, BERTHA L
Address: 3700 US HIGHWAY 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 320867150

Title: STD () Delete
Name: COLLINS, J. RUSSELL
Address: 3700 US HIGHWAY 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 320867150

Title: D () Delete
Name: COLLINS, STEPHEN B
Address: 3700 US HIGHWAY 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 320867150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: COLLINS, BARBARA W
Address: 3700 US HIGHWAY 1 SOUTH
City-St-Zip: ST AUGUSTINE, FL 320867150

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA W. COLLINS

STD

01/23/2008

Electronic Signature of Signing Officer or Director

Date