

# 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