

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04897

FILED
Apr 28, 2004
Secretary of State

Entity Name: SECURITY TITLE OF INDIAN RIVER, INC.

Current Principal Place of Business:

3710 20 ST.
VERO BCH, FL 32960

New Principal Place of Business:

Current Mailing Address:

3710 20 ST.
VERO BCH, FL 32960

New Mailing Address:

FEI Number: 59-2038204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, PERRY C
3710 20TH ST
VERO BEACH, FL 32960

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: PD () Delete
Name: LANE, PERRY C., JR.,
Address: 664 BROADWAY
City-St-Zip: VERO BEACH, FL 32960

Title: S () Delete
Name: LANE JOANN M.,
Address: 664 BROADWAY
City-St-Zip: VERO BEACH, FL 32960

Title: VD () Delete
Name: LANE, DAVID C
Address: 1625 41ST AVENUE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TURNER, WILLIAM C
Address: 2026 15TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: S (X) Change () Addition
Name: SHAMPINE, DIANE M
Address: 795 ROLLING HILL DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: VD (X) Change () Addition
Name: TURNER, WILLIAM N
Address: 1463 HAGEN AVENUE
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM C. TURNER

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date