

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90267 043 \*\*\*150.00

**DOCUMENT # F96000002054**

1. Entity Name  
**LANDAMERICA ONESTOP, INC.**



Principal Place of Business  
**925 NORTH POINT PARKWAY  
SUITE 400  
ALPHARETTA, GA 30005**

Mailing Address  
**101 GATEWAY CENTRE PARKWAY  
GATEWAY ONE  
RICHMOND, VA 23235-5153**

400000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292006 Chg-P CR2E034 (11/05)

4. FEI Number  
**54-1793812**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLOAN, F. LINTON  
201 SOUTH ORANGE AVENUE  
SUITE 1350  
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **VAUGHAN, JEFFREY D**  
STREET ADDRESS **101 GATEWAY CENTER PKWY**  
CITY-ST-ZIP **RICHMOND, VA 232355153**

TITLE **D** ☐ Delete  
NAME **CHANDLER, THEODORE L JR.**  
STREET ADDRESS **101 GATEWAY CENTER PKWY**  
CITY-ST-ZIP **RICHMOND, VA 232355153**

TITLE **VPS** ☐ Delete  
NAME **KING, ANNA M**  
STREET ADDRESS **101 GATEWAY CENTRE PARKWAY**  
CITY-ST-ZIP **RICHMOND, VA 232355153**

TITLE **VPT** ☐ Delete  
NAME **RAMOS, RONALD B**  
STREET ADDRESS **101 GATEWAY CENTRE PARKWAY**  
CITY-ST-ZIP **RICHMOND, VA 232355153**

TITLE **D** ☐ Delete  
NAME **EVANS, G W**  
STREET ADDRESS **101 GATEWAY CTR PKWY GATEWAY 1**  
CITY-ST-ZIP **RICHMOND, VA 23235**

TITLE **D** ☐ Delete  
NAME **ASTHEIMER, KENNETH**  
STREET ADDRESS **101 GATEWAY CENTRE PKWY., GATEWAY ONE**  
CITY-ST-ZIP **RICHMOND, VA 23235**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Asst Sec** ☐ Change ☒ Addition  
NAME **Hope M. Vaughan**  
STREET ADDRESS **101 Gateway Ctr Pkwy**  
CITY-ST-ZIP **Richmond VA 23235**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Hope M. Vaughan* *Hope M. Vaughan*

*4-28-06*

*804 261 8097*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #