

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90216 010 \*\*\*150.00

<b>DOCUMENT # F96000002054</b> 1. Entity Name <b>LANDAMERICA ONESTOP, INC.</b>					
Principal Place of Business <b>925 NORTH POINT PARKWAY SUITE 400 ALPHARETTA, GA 30005</b>			Mailing Address <b>101 GATEWAY CENTRE PARKWAY GATEWAY ONE RICHMOND, VA 23235-5153</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>5600 Cox Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Glen Allen, VA</b>		4. FEI Number <b>54-1793812</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>23060</b>		Country <b>USA</b>		04092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>SLOAN, F. LINTON 201 SOUTH ORANGE AVENUE SUITE 1350 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHAN, JEFFREY D 101 GATEWAY CENTER PKWY RICHMOND, VA 232355153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANDLER, THEODORE L JR. 101 GATEWAY CENTER PKWY RICHMOND, VA 232355153	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Hope M. Vaughan 5600 Cox Road Glen Allen, VA 23060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS KING, ANNA M 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 232355153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT RAMOS, RONALD B 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 232355153	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EVANS, G W 101 GATEWAY CTR PKWY GATEWAY 1 RICHMOND, VA 23235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASTHEIMER, KENNETH 101 GATEWAY CENTRE PKWY., GATEWAY ONE RICHMOND, VA 23235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5600 Cox Road Glen Allen, VA 23060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Hope M. Vaughan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Hope M. Vaughan 4-24-07 (804)267-8697 <small>Date Daytime Phone #</small>		