


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90162 001 \*\*\*150.00  
 04-14-2006 90162 002 \*\*\*\*\*8.75

**DOCUMENT # H05655**

1. Entity Name  
**INDEPENDENT ABSTRACT AND TITLE COMPANY**



Principal Place of Business      Mailing Address  
**600 WHITEHEAD ST**      **600 WHITEHEAD ST**  
**STE. 203**      **STE. 203**  
**KEY WEST, FL 33040 US**      **KEY WEST, FL 33040 US**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**66010089**



04122006    Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2413414**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**B G CARTER**  
**600 WHITEHEAD ST SUITE 203**  
**KEY WEST, FL 33040**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	STMD	<input type="checkbox"/> Delete
NAME	CARTER, B.G.	
STREET ADDRESS	P O BOX 100	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPANN, PAULA	
STREET ADDRESS	234 SAWYER DR	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRUER, WAYNE	
STREET ADDRESS	600 WHITEHEAD ST., STE. 301	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGAN, JOHN	
STREET ADDRESS	3930 S. ROOSEVELT BLVD. STE. E211	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, DIANELYS	
STREET ADDRESS	3354 PEARL AVENUE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

**SIGNATURE:** B G Carter      **B G Carter**      **12 April 2006**      **305-296-5105**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #