


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90052 004 ***158.75

DOCUMENT # H05655

1. Entity Name
INDEPENDENT ABSTRACT AND TITLE COMPANY



Principal Place of Business 600 WHITEHEAD ST STE. 203 KEY WEST, FL 33040 US	Mailing Address 600 WHITEHEAD ST STE. 203 KEY WEST, FL 33040 US
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40001473



2. Principal Place of Business - No P.O. Box # 600 Whitehead St.	3. Mailing Address 600 Whitehead St.
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204

01082007 Chg-P CR2E034 (12/06)

City & State Key West, FL	City & State Key West, FL	4. FEI Number 59-2413414	Applied For <input type="checkbox"/> Not Applicable
Zip 33040	Country US	Zip 33040	Country US

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, DIANELYS C
 600 WHITEHEAD ST SUITE 204 B
 KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name
Rodriguez, Dianelys C.

Street Address (P.O. Box Number is Not Acceptable)
600 Whitehead St. Suite 204

City
Key West **FL** Zip Code
33040

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: *Dianelys C. Rodriguez* **Dianelys C. Rodriguez, STMD** 01/08/2007
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STMD RIDRIGUEZ, DIANELYS C 600 WHITEHEAD ST, STE. 204 B KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUER, WAYNE 600 WHITEHEAD ST., STE. 301 KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOGAN, JOHN 3930 S ROOSEVELT BLVD., SUITE E211 KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, DIANELYS 3354 PEARL AVE KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STMD Rodriguez, Dianelys C. 600 Whitehead St., Suite 204 Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Dianelys C. Rodriguez* **Dianelys C. Rodriguez** 01/08/07 (305)294-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #