

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H29939</b> 1. Entity Name ATLANTIC TITLE INSURANCE COMPANY	
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Principal Place of Business 95360 OVERSEAS HWY STE 10 P.O. BOX 2800 KEY LARGO, FL 33037	Mailing Address 95360 OVERSEAS HWY STE 10 P.O. BOX 2800 KEY LARGO, FL 33037
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**DO NOT WRITE IN THIS SPACE**



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2476637	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MCCLUNG, ANDREW 95360 OVERSEAS HWY., STE 10 KEY LARGO, FL 33037	<b>DO NOT WRITE IN THIS SPACE</b>
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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 file if applicable. (NOTE Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000258515 03/09/05-80008-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLUNG, ANDREW 208 PLANTATION SHORES DRIVE ISLAMORADA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCLUNG, JUDITH 208 PLANTATION SHORES DRIVE ISLAMORADA, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <b>ANDREW MCCLUNG</b>	<b>3-7-05</b>	<b>305-852-5434</b>
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>