


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # H31010 1. Entity Name REPUBLIC TITLE CO. OF BREVARD, INC.	
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Principal Place of Business 625 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	Mailing Address 625 W NEW HAVEN AVE MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2633110	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

GUIDONE, ANTHONY C
 625 EAST NEW HAVEN AVENUE
 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D GUIDONE, ANTHONY L 625 E NEW HAVEN AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, VIVIAN S 625 EAST NEW HAVEN AVENU MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTV GUIDONE, ATHONY C 625 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUIDONE, PHYLLIS 625 E NEW HAVEN AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/07/08-80040-011 150.00

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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:  ANTHONY C. GUIDONE 01/30/08 321-676-4025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #