## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J05023

FILED Apr 28, 2009 Secretary of State

Entity Name: FLORIDA ABSTRACT AND SECURITY TITLE CORPORATION

Current Principal Place of Business: New Principal Place of Business:

2575 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

2575 TAMIAMI TRAIL

PORT CHARLOTTE, FL 33952

FEI Number: 65-0026747 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KROTZER, A. MILES KROTZER, ALAN M 3720 COMO STREET 3720 COMO STREET

PORT CHARLOTTE, FL 33948 US PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE: ALAN M KROTZER 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

PORT CHARLOTTE, FL 33948

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PORT CHARLOTTE, FL 33948

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: HANSEN, PATRICIA A. Name: HANSEN, PATRICIA A. Address: 162 COOP LANE Address: 162 COOP LANE

City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: KROTZER, A, MILES Name: KROTZER, ALAN M

 Name:
 KROTZER, A. MILES
 Name:
 KROTZER, ALAN M

 Address:
 3720 COMO STREET
 Address:
 3720 COMO STREET

 City-St-Zip:
 PORT CHARLOTTE, FL 33948
 City-St-Zip:
 PORT CHARLOTTE, FL 33948

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: KROTZER, CAROLYN E. Name: KROTZER, CAROLYN E
Address: 3720 COMO STREET Address: 3720 COMO STREET

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALAN M KROTZER VD 04/28/2009