

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 09, 2008 08:00 AM  
Secretary of State

DOCUMENT # J25584

1. Entity Name  
STANDARD TITLE INSURANCE AGENCY, INC.



Principal Place of Business

1860 FOREST HILL BLVD  
SUITE 107

WEST PALM BCH, FL 33406 US

Mailing Address

1860 FOREST HILL BLVD  
SUITE 107

WEST PALM BCH, FL 33406 US



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2820211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRANTHAM, KIRK  
1860 FOREST HILL  
STE 107  
WEST PALM BCH, FL 33406

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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

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, 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  
DPV  
GRANTHAM, KIRK  
1860 FOREST HILL BLVD, SUITE 107  
WEST PALM BCH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPV  
GRANTHAM, KIRK  
1860 FOREST HILL BLVD., #107  
WEST PALM BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000950543  
06/03/08-80068-023 150.00

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk Grantham

Date

4/23/08 (561)966-6211

Daytime Phone #