

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68726

FILED
Jan 15, 2009
Secretary of State

Entity Name: QUALITY TITLE & GUARANTY CO., INC.

Current Principal Place of Business:

1519 W BROADWAY
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 620337
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 59-2812786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLONINGER, EVELYN W.
1519 WEST BROODWAY
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

CLONINGER, EVELYN W PSD
1519 WEST BROODWAY
OVIEDO, FL 32765 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: EVELYN W. CLONINGER

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CLONINGER, EVELYN W.,
Address: 652 PINE AVE
City-St-Zip: OVIEDO, FL

Title: VPSD () Delete
Name: KELLYN, JANISZ
Address: 391 LYNN ST
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CLONINGER, EVELYN W
Address: 652 PINE AVE
City-St-Zip: OVIEDO, FL 32765 US

Title: VPSD (X) Change () Addition
Name: KELLYN, JANISZ C
Address: 391 LYNN ST
City-St-Zip: OVIEDO, FL 32765 US

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.

SIGNATURE: KELLYN JANISZ

VPSD

01/15/2009

Electronic Signature of Signing Officer or Director

Date