

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98172

FILED
Jan 08, 2009
Secretary of State

Entity Name: WILSON ABSTRACT & TITLE COMPANY

Current Principal Place of Business:

602 E. HATHAWAY AVE.
BRONSON, FL 32621 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 67
BRONSON, FL 32621 US

New Mailing Address:

FEI Number: 59-2852508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, REGENA W
P.O. BOX 67
602 EAST HATHAWAY AVENUE
BRONSON, FL 32621 US

Name and Address of New Registered Agent:

MILLS, REGENA W
602 EAST HATHAWAY AVE
BRONSON, FL 32621 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: REGENA W. MILLS

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLS, H.LEE,
Address: 205 S.W. 14TH STREET
City-St-Zip: CHIEFLAND, FL

Title: V () Delete
Name: MILLS, HAROLD E.,
Address: 3307 N.W. 84TH LANE
City-St-Zip: CHIEFLAND, FL

Title: S () Delete
Name: MILLS, REGENA W
Address: 205 SW 14TH STREET
City-St-Zip: CHIEFLAND, FL 32626

Title: V () Delete
Name: MILLS, REGENA W
Address: 205 SW 14TH ST
City-St-Zip: CHIEFLAND, FL 32626

Title: AS () Delete
Name: SCHRADER, TAMARA L
Address: 5650 NW 76TH AVE
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REGENA W. MILLS

VP

01/08/2009

Electronic Signature of Signing Officer or Director

Date