## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # K04427 02-23-2007 90022 011 \*\*\*150.00 1. Entity Name HEARTLAND TITLE INSURANCE AGENCY CO. Principal Place of Business Mailing Address 40023216 2821 ALT. 27 SOUTH 2821 ALT. 27 SOUTH SEBRING, FL 33870 SEBRING, FL 33870 2. Principal Place of Business - No P.O. Box # Suite, Ant. #, etc. 01262007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For 59-2921239 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent HATCH, DAVID G. 2821 ALT, 27 SOUTH SEBRING, FL 33870 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familia of Aegistered agent SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE PΠ ☐ Delete THILE ☐ Change ☐ Addition HATCH, DAVID G. NAME NAME 4360 LAKEVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change Addition HATCH, MARTHA J NAME NAME STREET ADDRESS 4360 LAKEVIEW DRIVE STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 CITY-ST-7IP THE TUTLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delcte TITLE Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachrown that my name appears in Block 10 or Block 11 if changed.

FILED Feb 23, 2007 8:00 am