

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32084

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: TITLE & ABSTRACT AGENCY OF AMERICA, INC.

## Current Principal Place of Business:

10004 N. DALE MABRY HIGHWAY  
SUITE 112  
TAMPA, FL 33618 US

## New Principal Place of Business:

## Current Mailing Address:

10004 N. DALE MABRY HIGHWAY  
SUITE 112  
TAMPA, FL 33618 US

## New Mailing Address:

FEI Number: 74-2511247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: AS ( ) Delete  
Name: VAN ESS, DAVID  
Address: 4201 LAKE COOK RD  
City-St-Zip: NORTHBROOK, IL 60062

Title: DP ( ) Delete  
Name: SHAPIRO, GERALD M  
Address: 2424 N. FEDERAL HIGHWAY, SUITE 360  
City-St-Zip: BOCA RATON, FL 33431

Title: VS ( ) Delete  
Name: FISHMAN, BARRY S  
Address: 2424 N. FEDERAL HIGHWAY, SUITE 360  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: KREISMAN, DAVID S  
Address: 4201 LAKE COOK ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: T ( ) Delete  
Name: LITT, SHARON M  
Address: 10004 N. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

Title: AS ( ) Delete  
Name: ZELVIN, JAMIE G  
Address: 4201 LAKE COOK ROAD  
City-St-Zip: NORTHBROOK, IL 60062

## 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: T (X) Change ( ) Addition  
Name: CAPORICE, MICHELLE  
Address: 10004 N. DALE MABRY HIGHWAY  
City-St-Zip: TAMPA, FL 33618

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: JAMIE G. ZELVIN

AS

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date