

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66699

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** ABSTRACTERS' TITLE COMPANY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2265 LEE RD.  
SUITE 125  
WINTER PARK, FL 327891858 US

**New Principal Place of Business:**

1942 LONG POND DR  
LONGWOOD, FL 32779 US

**Current Mailing Address:**

2265 LEE RD.  
SUITE 125  
WINTER PARK, FL 327891858 US

**New Mailing Address:**

POB 950429  
LAKE MARY, FL 327950429 US

FEI Number: 59-3010423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHENELE, AL A.  
2265 LEE RD.  
STE 125  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

CHENELE, AL A.  
1942 LONG POND DR.  
LONGWOOD, FL 32779 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: AL A. CHENELE

04/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: CHENELE, AL A.  
Address: POB 950429  
City-St-Zip: LAKE MARY, FL 327950429

Title: D  
Name: CHENELE, AL A.  
Address: POB 950429  
City-St-Zip: LAKE MARY, FL 327950429

I hereby 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 all other like empowered.

SIGNATURE: AL A. CHENELE

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04/24/2011

Electronic Signature of Signing Officer or Director

Date