2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000052516

1. Entity Name

ORCHID ISLAND TITLE AND ESCROW COMPANY



Jan 06, 2006 08:00 AM Secretary of State

FILED

Principal Place of Business

Mailing Address

5070 N. HIGHWAY A1A, SUITE 200 VERO BEACH, FL 32963 5070 N. HIGHWAY A1A, SUITE 200 VERO BEACH, FL 32963



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1101011

5. Certificate of Status Desired See Required \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR III, J ATWOOD STE 200 5070 NORTH A-1-A VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

					<u> </u>
	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	r applicable (NOTE Registered	Agent signalur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD J ATWOOD, TAYLOR III 5070 N. HIGHWAY A1A, SUITE 200 VERO BEACH, FL 32963				á del parte federa federa a como en
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, JOHN E III 5070 N. HIGHWAY A1A, SUITE 200 VERO BEACH, FL 32963				विविधितिक्षित्रस्यः विदेशिक्षेत्रेत्रीके विधित्रीक्ष्यकात्रः विभिन्ने विदे
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSSWAY, BRADLEY W 5070 N. HIGHWAY A1A, SUITE 200 VERO BEACH, FL 32963			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR