

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012258

FILED
Jan 08, 2004
Secretary of State

Entity Name: BANKERS ABSTRACT & LAND TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

3717 BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

3717 BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 65-1075392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVIN, CEARLEY L
15542 CYPRESS PARK DR
WELLINGTON, FL 33414 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: D () Delete
Name: RAPAPORT, PETER A
Address: 1557 NORTH OCEAN BLVD.
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: ROSENBACH, DEAN J
Address: 1124 COUNTRY CLUB DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33480

Title: D () Delete
Name: CEARLEY, CALVIN L
Address: 15542 CYPRESS PARK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MARTIN, WILLIAM R
Address: 4398 CARYOTA DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: NOREM, STORMET C
Address: 2150 SOUTH OCEAN BLVD. 7-B
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: RAPAPORT, JONATHAN F
Address: 2701 TECUMSEH DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CALVIN L CEARLEY

OFFI

01/08/2004

Electronic Signature of Signing Officer or Director

Date