

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012258

FILED  
Jan 07, 2005  
Secretary of State

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

**Current Principal Place of Business:**

2130 CENTREPARK WEST DRIVE  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20209  
WEST PALM BEACH, FL 33416

**New Mailing Address:**

**FEI Number:** 65-1075392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARTIN, WILLIAM R  
4398 CARYOTA DRIVE  
BOYNTON BEACH, FL 33436 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: NANCY J MINNIEAR

EVP

01/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date