## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000040126

Entity Name: K.E.L. TITLE INSURANCE AGENCY, INC.

FILED Jan 09, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1301 W COLONIAL DRIVE 151 WYMORE RD. STE. 7000 ORLANDO, FL 32804 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

1301 W COLONIAL DR
ORLANDO, FL 32804

151 WYMORE RD. STE. 7000
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3712272 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KAUFMAN, JEFFREY S
1301 W COLONIAL DRIVE
ORLANDO, FL 32804 US

KAUFMAN, JEFFREY S
151 WYMORE RD. STE. 7000
ALTAMONTE SPRINGS, FL 32714 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: JEFFREY S. KAUFMAN, JR. 01/09/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition KAUFMAN, JEFFREY S KAUFMAN, JEFFREY S Name: Name: 1301 W COLONIAL DRIVE 151 WYMORE RD. STE. 7000 Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: ENGLETT, MATTHEW S

Address: 1301 W COLONIAL DR Address: 151 WYMORE RD. STE. 7000
City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Name: LYND, CRAIG R. Name: LYND, CRAIG R.

Address: 1301 W COLONIAL DRIVE Address: 151 WYMORE RD. STE. 7000
City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW ENGLETT D 01/09/2007