

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078243

FILED
Apr 09, 2008
Secretary of State

Entity Name: STEWART TITLE OF FOUR CORNERS, INC.

Current Principal Place of Business:

1428 SUNRISE PLAZA DR
SUITE 1
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

1428 SUNRISE PLAZA DR
SUITE 1
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 59-3739300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEIVE, REBECCA
1201 W. EMMETT ST.
KISSIMMEE, FL 34741 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: PD () Delete
Name: SHEIVE, REBECCA
Address: 1201 W. EMMETT ST.
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: HICKMAN, JIMMY
Address: 3401 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: VP () Delete
Name: WILSON, LESLIE
Address: 1428 SUNRISE PLAZA DR SUITE 1
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: LANCASTER, WHIT
Address: 3401 WEST CYPRESS
City-St-Zip: TAMPA, FL 33607

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:

I hereby certify that the information supplied with this filing does not qualify 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: REBECCA SHEIVE

PD

04/09/2008

Electronic Signature of Signing Officer or Director

Date