


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90024 034 \*\*\*150.00

<b>DOCUMENT # P01000100258</b>	
1. Entity Name <b>VIC FIDELITY TITLE CORPORATION</b>	

Principal Place of Business <b>1991 LONGWOOD LAKE MARY RD LONGWOOD, FL 32750</b>	Mailing Address <b>1991 LONGWOOD LAKE MARY RD #207 LONGWOOD, FL 32750</b>
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2. Principal Place of Business - No P.O. Box # <b>1991 Longwood Lake Mary Rd</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Longwood FL</b>	City & State
Zip <b>32750</b>	Country <b>Seminole</b>

**40015933**



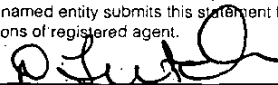
01312008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3751424</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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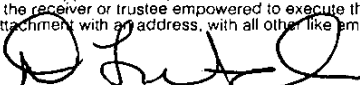
6. Name and Address of Current Registered Agent <b>PRUNA, SURANIE 1191 LONGWOOD LAKE MARY RD LONGWOOD, FL 32751 → Incorrect</b>	
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7. Name and Address of New Registered Agent Name <b>Pruna, Suranie</b> Street Address (P.O. Box Number is Not Acceptable) <b>1991 Longwood Lake Mary Road</b> City <b>Longwood</b> FL <b>32750</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>1/31/08</b>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PRUNA, SURANIE 1991 LONGWOOD LAKE MARY RD LONGWOOD, FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LUTCHMIDAT, DEVIKA 1991 LONGWOOD LAKE MARY RD LONGWOOD, FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date <b>1/31/08</b> Daytime Phone # <b>407 330 4320</b>