

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100258

FILED
Aug 14, 2009
Secretary of State

Entity Name: VIC FIDELITY TITLE CORPORATION

Current Principal Place of Business:

1991 LONGWOOD LAKE MARY CT
LONGWOOD, FL 32750

New Principal Place of Business:

1991 LONGWOOD LAKE MARY RD
LONGWOOD, FL 32750

Current Mailing Address:

1991 LONGWOOD LAKE MARY RD
#207
LONGWOOD, FL 32750

New Mailing Address:

1991 LONGWOOD LAKE MARY RD
LONGWOOD, FL 32750

FEI Number: 59-3751424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUNA, SURANIE
1191 LONGWOOD LAKE MARY RD
LONGWOOD, FL 32751 US

Name and Address of New Registered Agent:

PRUNA, SURANIE
1991 LONGWOOD LAKE MARY RD
LONGWOOD, FL 32750 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: SURANIE PRUNA

08/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRUNA, SURANIE
Address: 1991 LONGWOOD LAKE MARY RD
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Delete
Name: LUTCHMIDAT, DEVIKA
Address: 1991 LONGWOOD LAKE MARY RD
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: PRUNA, SURANIE
Address: 1991 LONGWOOD LAKE MARY RD
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete
Name: LUTCHMIDAT, DEVIKA
Address: 1991 LONGWOOD LAKE MARY RD
City-St-Zip: LONGWOOD, FL 32750

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: SURANIE PRUNA

P

08/14/2009

Electronic Signature of Signing Officer or Director

Date