

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119990

FILED  
Jan 24, 2006  
Secretary of State

Entity Name: HBI TITLE COMPANY

## Current Principal Place of Business:

2293 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935 US

## New Principal Place of Business:

1801 PENN ST., SUITE 1A  
MELBOURNE, FL 32901 US

## Current Mailing Address:

2293 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935 US

## New Mailing Address:

FEI Number: 01-0555401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRNES, KATHRYN  
2293 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935 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: BYRNES, KATHRYN  
Address: 2293 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32935 US

Title: S ( ) Delete  
Name: PETROSKE, REBECCA  
Address: 1801 PENN ST., SUITE 1A  
City-St-Zip: MELBOURNE, FL 32940

Title: P ( ) Delete  
Name: BARTLEY, MARCIA  
Address: 1801 PENN ST., SUITE 1A  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: SIETSMA, LAWRENCE  
Address: 2293 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32935 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PETROSKE, REBECCA  
Address: 1801 PENN ST., SUITE 1A  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HAWKES, RICHARD  
Address: 2293 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32935 US

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: KATHRYN BYRNES

D

01/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date