

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000119990

Entity Name: HBI TITLE COMPANY

FILED
Aug 20, 2007
Secretary of State

Current Principal Place of Business:

3942 W EAU GALLIE BLVD
MELBOURNE, FL 32934 US

New Principal Place of Business:

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:

SHELPMAN, KIM
2293 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935 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: KIM SHELPMAN

08/20/2007

Electronic Signature of Registered Agent

Date

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: 3942 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: PD () Delete
Name: BARTLEY, MARCIA
Address: 3942 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32934

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KIM SHELPMAN

D

08/20/2007

Electronic Signature of Signing Officer or Director

Date