

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052690

FILED
Mar 21, 2008
Secretary of State

Entity Name: BRICK CITY TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2143 SE FORT KING STREET
SUITE 102
OCALA, FL 34471

New Principal Place of Business:

2303 SE FORT KING STREET
OCALA, FL 34471

Current Mailing Address:

2143 SE FORT KING STREET
SUITE 102
OCALA, FL 34471

New Mailing Address:

2303 SE FORT KING STREET
OCALA, FL 34471

FEI Number: 71-0883154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, REUBEN S IV
954 E. SILVER SPRINGS BOULEVARD
OCALA, FL 34470 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: PS () Delete
Name: BENNETT, BRANDIE P
Address: 10320 SW 51ST TER
City-St-Zip: OCALA, FL 34476

Title: VPT () Delete
Name: JONES, ERICA P
Address: 10370 SW 51ST TER
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ERICA JONES

VP

03/21/2008

Electronic Signature of Signing Officer or Director

Date