

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071403

FILED
Apr 20, 2006
Secretary of State

Entity Name: LANDMARK TITLE INSURANCE COMPANY

Current Principal Place of Business:

1452 OAKFIELD DR
BRANDON, FL 33511

New Principal Place of Business:

6152 DELANCEY STATION STREET
#205
RIVERVIEW, FL 33569

Current Mailing Address:

1452 OAKFIELD DR
BRANDON, FL 33511

New Mailing Address:

6152 DELANCEY STATION STREET
#205
RIVERVIEW, FL 33569

FEI Number: 04-3695323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQUIRE
115 PROVIDENCE ROAD
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

LASMAN, JEFFREY M ESQUIRE
6152 DELANCEY STATION STREET
#205
RIVERVIEW, FL 33569 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:

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ATKINS, WILLIAM R
Address: 1452 OAKFIELD DR
City-St-Zip: BRANDON, FL 33511

Title: DVS () Delete
Name: LASMAN, JEFFREY M
Address: 1452 OAKFIELD DR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ATKINS, WILLIAM R
Address: 6152 DELANCEY STATION STREET #205
City-St-Zip: RIVERVIEW, FL 33569

Title: DVS (X) Change () Addition
Name: LASMAN, JEFFREY M
Address: 6152 DELANCEY STATION STREET #205
City-St-Zip: RIVERVIEW, FL 33569

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: WILLIAM R. ATKINS

DPT

04/20/2006

Electronic Signature of Signing Officer or Director

Date