

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104163

Entity Name: SUPERIOR LAND TITLE, INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

131 WEST MAIN STREET
TAVARES, FL 32778

New Principal Place of Business:

221 N. JOANNA AVENUE
TAVARES, FL 32778 US

Current Mailing Address:

131 WEST MAIN STREET
TAVARES, FL 32778

New Mailing Address:

221 N. JOANNA AVENUE
TAVARES, FL 32778 US

FEI Number: 32-0036915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVARD, CANDY R
131 WEST MAIN STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

WILSON, SUE W
2010 1/2 VINE STREET
LEESBURG, FL 34748 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: SUE W. WILSON

04/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILSON, SUE W
Address: 2010 1/2 VINE STREET
City-St-Zip: LEESBURG, FL 34748

Title: P () Delete
Name: WILSON, SUE W
Address: 2010 1/2 VINE STREET
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Delete
Name: HOWARD, CANDY R
Address: 131 W MAIN STREET
City-St-Zip: TAVARES, FL 32778

Title: VP (X) Delete
Name: HAVARD, CANDY R
Address: 131 W MAIN STREET
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILSON, SUE W
Address: 221 N. JOANNA AVENUE
City-St-Zip: TAVARES, FL 32778 US

Title: P (X) Change () Addition
Name: WILSON, SUE W
Address: 221 N. JOANNA AVENUE
City-St-Zip: TAVARES, FL 32778 US

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 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: SUE W. WILSON

P

04/11/2006

Electronic Signature of Signing Officer or Director

Date