

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90003 001 ***150.00

DOCUMENT # P03000010884 1. Entity Name ALL AMERICAN TITLE COMPANY OF BREVARD					
Principal Place of Business 2772 N. HARBOR CITY BLVD MELBOURNE, FL 32935			Mailing Address 2772 N. HARBOR CITY BLVD MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box # 4201 N. HWY US#1		3. Mailing Address 4201 N. HWY US#1			
Suite, Apt. #, etc. STE B		Suite, Apt. #, etc. STE B			
City & State MELBOURNE FL		City & State MELBOURNE FL			
Zip 32935		Country BREVARD		Zip 32935	
Country BREVARD		Country BREVARD			
6. Name and Address of Current Registered Agent BOYLE, SHAWN 2772 N. HARBOR CITY BLVD MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name SHAWN BOYLE Street Address (P.O. Box Number is Not Acceptable) 4201 N. HWY US#1, STE B City MELBOURNE FL Zip Code 32935		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 9/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (None: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOYLE, SHAWN 200 CHARLES DRIVE MELBOURNE, FL 32935	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	P 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE:  DATE 9/11/08 (321) 255-9499 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		