

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024298

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** SHORELINE TITLE INSURANCE OF VOLUSIA COUNTY, INC.

**Current Principal Place of Business:**

3314 S. ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

3314 S. ATLANTIC AVE  
NEW SMYRNA BCH, FL 32169

**Current Mailing Address:**

P.O. BOX 70  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

P.O. BOX 70  
NEW SMYRNA BCH, FL 32170

**FEI Number:** 03-0515283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVER, TIMOTHY L PRES  
P.O. BOX 70  
NEW SMYRNA BCH, FL 32170 US

**Name and Address of New Registered Agent:**

OLIVER, TIMOTHY L PRES  
101 E YELKA TERR, STE F  
EDGEWATER, FL 32132 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: TIMOTHY L OLIVER

04/18/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: OLIVER, TIMOTHY L PRES  
Address: 101 E. YELKCA TERRACE, SUITE F  
City-St-Zip: EDGEWATER, FL 32132

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: OLIVER, TIMOTHY L PRES  
Address: 101 E. YELKCA TERRACE, SUITE F  
City-St-Zip: EDGEWATER, FL 32132

Title: VP ( ) Change (X) Addition  
Name: MAGNER, MELODIE M VP  
Address: P.O. BOX 70  
City-St-Zip: NEW SMYRNA BCH, FL 32170

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: TIMOTHY L OLIVER

PRES

04/18/2006

Electronic Signature of Signing Officer or Director

Date