

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024298

FILED
Apr 30, 2007
Secretary of State

Entity Name: SHORELINE TITLE INSURANCE AGENCY OF VOLUSIA, INC.

Current Principal Place of Business:

3314 S. ATLANTIC AVE
NEW SMYRNA BCH, FL 32169

New Principal Place of Business:

101 E. YELKCA TERR
STE E
EDGEWATER, FL 32132

Current Mailing Address:

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

New Mailing Address:

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

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

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: TIMOTHY L. OLIVER

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date