

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024298

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

101 E. YELKCA TERR
STE E
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

101 E. YELKCA TERR
STE E
EDGEWATER, FL 32132

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:

OLIVER, TIMOTHY L PRES
101 E YELKA TERR, STE E
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:

01/20/2009

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: 101 E. YELKCA TERR, STE E
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

01/20/2009

Electronic Signature of Signing Officer or Director

Date