

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90024 026 ***150.00

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1. Entity Name

AAA TITLE INSURANCE & CLOSING SERVICES, INC.



Principal Place of Business

5 CORONA COURT
PALM COAST FL 32137

Mailing Address

138 PALM COAST PKWY, NE
BOX #334
PALM COAST FL 32137



2. Principal Place of Business

4488 N. Oceanshore Blvd.

Suite, Apt. #, etc.

3. Mailing Address

138 Palm Coast Parkway

Suite, Apt. #, etc.

NE, Box 310

1st MOORE

CR2E034 (10/05)

City & State

Palm Coast, Florida

City & State

Palm Coast, Florida

4. FEI Number

73-1686555

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

32137

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.
4 SE BROADWAY
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	O'REILLY, LAWRENCE P	
STREET ADDRESS	138 PALM COAST PKWY, NE, BOX 334	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lauren E. Merriam, III	
STREET ADDRESS	4 Southeast Broadway	
CITY-ST-ZIP	Ocala, Florida, 34478	
TITLE	D, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence P. O'Reilly	
STREET ADDRESS	138 Palm Coast Pkwy, NE Box 310	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #