

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132467

Entity Name: COMMERCE LAND TITLE, INC.

FILED
Aug 20, 2007
Secretary of State

Current Principal Place of Business:

1680 S.W. BAYSHORE BLVD.
STE 229
PORT ST. LUCIE, FL 34984

Current Mailing Address:

8142 NIGHT BLUFF DR.
SAN ANTONIO, TX 78255

New Principal Place of Business:

698 SW PORT ST. LUCIE BLVD.
STE 107
PORT ST. LUCIE, FL 34953

New Mailing Address:

698 SW PORT ST. LUCIE BLVD
STE 104
PORT ST. LUCIE, FL 34953

FEI Number: 42-1609674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAROCHELLE, MICHAEL A
8142 NIGHT BLUFF DR.
SAN ANTONIO, FL 78255 US

Name and Address of New Registered Agent:

ALLY, DIANE L
698 SW PORT ST. LUCIE BLVD.
STE 104
PORT ST. LUCIE, FL 34953 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: DIANE L ALLY

08/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAROCHELLE, MICHAEL A
Address: 8142 NIGHT BLUFF DR.
City-St-Zip: SAN ANTONIO, TX 78255

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: ALLY, DIANE L
Address: 3611 S.E. LEONARD LANE
City-St-Zip: STUART, FL 34997

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: MICHAEL LAROCHELLE

D

08/20/2007

Electronic Signature of Signing Officer or Director

Date