

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90309 038 ***150.00

DOCUMENT # P04000037317

1. Entity Name

1ST ADVANTAGE TITLE INSURANCE, INC.



Principal Place of Business

7855 ARGYLE FOREST BLVD
SUITE 501
JACKSONVILLE FL 32244

Mailing Address

7855 ARGYLE FOREST BLVD
SUITE 501
JACKSONVILLE FL 32244



2. Principal Place of Business

7855 Argyle Forest Blvd
Suite, Apt. #, etc.
Suite 501

3. Mailing Address

7855 Argyle Forest Blvd
Suite, Apt. #, etc.
Suite 501

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32244

Country

USA

Zip

32244

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0835768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, SAMUEL L
505 JIMBAY DR
ORANGE PARK FL 32073

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 reinstating)

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 DO ☐ Delete
NAME HIGGINBOTHAM, SAMUEL L
STREET ADDRESS 505 JIMBAY DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE O ☐ Delete
NAME HIGGINBOTHAM, DEBORAH J
STREET ADDRESS 505 JIMBAY DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Samuel L Higginbotham Samuel L Higginbotham 4/28/2006 904-777-9011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #