

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140643

FILED
Jan 07, 2005
Secretary of State

Entity Name: A+ ABSTRACT AND TITLE COMPANY, INC.

Current Principal Place of Business:

619 EAST MAGNOLIA STREET
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

619 EAST MAGNOLIA STREET
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 42-1647597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAAC, ROOSEVELT S
347 SOUTH ORANGE AVENUE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

WOLCOTT, DIANE C
619 EAST MAGNOLIA STREET
ARCADIA, FL 34266 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 C WOLCOTT

01/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: WOLCOTT, DIANE C
Address: 619 EAST MAGNOLIA STREET
City-St-Zip: ARCADIA, FL 34266

Title: VP () Change (X) Addition
Name: WOLCOTT, MD, KATHARINE E
Address: 1696 KENNEDY PLACE, #E-4
City-St-Zip: DUPONT, WA 96372

Title: S () Change (X) Addition
Name: WOLCOTT, JONATHAN D
Address: 619 EAST MAGNOLIA STREET
City-St-Zip: ARCADIA, FL 34266

Title: T () Change (X) Addition
Name: WOLCOTT, BENJAMIN R
Address: 117 EAST WINTHROP STREET
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANE C WOLCOTT

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date