

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157995

FILED
Apr 18, 2005
Secretary of State

Entity Name: REVERE TITLE OF THE TREASURE COAST, INC.

Current Principal Place of Business:

601 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34948

New Principal Place of Business:

601 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

Current Mailing Address:

601 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34948

New Mailing Address:

601 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984

FEI Number: 20-1916409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ALBERT B
601 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34948 US

Name and Address of New Registered Agent:

MOORE, ALBERT B
601 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984 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: ALBERT B. MOORE

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFC () Change (X) Addition
Name: MOORE, ALBERT B
Address: 601 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: ALBERT B. MOORE

OFFC

04/18/2005

Electronic Signature of Signing Officer or Director

Date