

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083770

Entity Name: FT. WALTON TITLE, INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

1817 LEWIS TURNER BLVD.
FT. WALTON BEACH, FL 32547 US

New Principal Place of Business:

814A SHADOW LANE
FT. WALTON BEACH, FL 32547 US

Current Mailing Address:

1817 LEWIS TURNER BLVD.
FT. WALTON BEACH, FL 32547 US

New Mailing Address:

814A SHADOW LANE
FT. WALTON BEACH, FL 32547 US

FEI Number: 20-2991465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENTZ, AARON B ESQ.
1817 LEWIS TURNER BLVD.
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

WENTZ, AARON B ESQ.
814A SHADOW LANE
FT. WALTON BEACH, FL 32547 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:

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOSTER, THEODORE J
Address: 610 CAMBRIDGE AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: VP () Delete
Name: WENTZ, AARON B ESQ.
Address: 605 CAMBRIDGE AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: S () Delete
Name: FOSTER, JANINE R
Address: 610 CAMBRIDGE AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: T () Delete
Name: WENTZ, SUSAN J
Address: 605 CAMBRIDGE AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AARON B. WENTZ

VP

04/29/2007

Electronic Signature of Signing Officer or Director

Date