

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000100790 1. Entity Name MISSION TITLE & ABSTRACT COMPANY, INC. <div style="text-align: right; font-size: 1.2em;">\$150.00</div>						<div style="font-size: 1.5em; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">06 MAY 10 AM 10:31</div> <div style="font-size: 1.2em;">TALLahassee, FL</div>	
Principal Place of Business 550 WATER STREET SUITE 1020 JACKSONVILLE, FL 32202 US				Mailing Address 550 WATER STREET SUITE 1020 JACKSONVILLE, FL 32202 US			
2. Principal Place of Business		3. Mailing Address		04262006 Chg-P CR2E034 (11/05) 06		 4. FEI Number 20-3147403 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent BETSY S. HOLTON, P.A. 550 WATER STREET SUITE 1020 JACKSONVILLE, FL 32202				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: BETSY S. HOLTON 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTON, BETSY S 550 WATER STREET, SUITE 1020 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">900075217519</div> <div style="font-size: 1.2em;">05/25/06--01007--001 ***350.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 to this address, with all other like empowered.							
SIGNATURE:				4/25/06		904-358-2205	
<small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	