## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000113640

Title:

Name:

Address:

City-St-Zip:

Entity Name: STEWART TITLE SPACE COAST, INC

FILED Apr 09, 2008 Secretary of State

Littly Nan	ile. STEWAR	THILL SPACE COAST, INC	•		
Current Principal Place of Business:			New Principal Place of Business:		
6550 N WICKHAM ROAD SUITE 7 MELBOURNE, FL 32940			1401 BUDINGER AVENUE ST CLOUD, FL 34769		
Current Ma	ailing Addres	s:	New Mailing Address:		
6550 N WICKHAM ROAD SUITE 7 MELBOURNE, FL 32940			1401 BUDINGER AVENUE ST CLOUD, FL 34769		
FEI Number:	34-2054967	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	EBECCA 1METT STREE E, FL 34741	T US			
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () SHEIVE, REBEC 1201 W EMMET KISSIMMEE, FL	T STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SVP () WOESTE, RAYE 1401 BUDINGEI ST CLOUD, FL	R AVE.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DEATON, VICKI	AM RD. SUITE 7	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LANCASTER, W	ESS ST SUITE 202	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: REBECCA SHEIVE DP 04/09/2008

( ) Delete

3401 W. CYPRESS ST SUITE 202

HICKMAN, JIMMY

TAMPA, FL 33607

() Change () Addition