## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000160121

Entity Name: COLSON TITLE COMPANY, INC.

FILED Jan 31, 2009 Secretary of State

		7 TTTEE CONT 7 NVT, 11 VO.				
Current P	rincipal Place	e of Business:	New Principal Place of Business:			
7020 BRIG KEYSTON	SHTWATER D IE HEIGHTS, F	RIVE FL 32656				
Current Mailing Address:			New Mailing Address:			
	GHTWATER D IE HEIGHTS, F					
FEI Number	: 20-3936852	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
623 NOŔT	THOMAS A TH MAIN STRE LLE, FL 3260°					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MARTIN, WAYI 7020 BRIGHTV		Title: Name: Address: City-St-Zip:	MARTIN, WA 7020 BRIGH	(X) Change ( ) Addition AYNE L ITWATER DRIVE HEIGHTS, FL 32656	
Title: Name: Address: City-St-Zip:	MARTIN, KARE 7020 BRIGHTV		Title: Name: Address: City-St-Zip:	MARTIN, KA 7020 BRIGH	(X) Change () Addition REN W ITWATER DRIVE HEIGHTS, FL 32656	
Title: Name: Address: City-St-Zip:	D ( JONES, MEGA 143 HEATHER SUMMERVILLE	DR.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( MARTIN, ERIC 7900 HOEFFNI FORT PIERCE	ER LANE	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.

SIGNATURE: WAYNE L. MARTIN D 01/31/2009