2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098344

City-St-Zip:

TAMPA, FL 33647

FILED Apr 14, 2009 Secretary of State

Entity Nai	me: SANDCA	STLE TITLE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5305 TECI TAMPA, F	HNOLOGY DR L 33647 US		8709 HUNTERS GRI STE 300		
Current Mailing Address:			TAMPA, FL 33647 New Mailing Addres	TAMPA, FL 33647 US New Mailing Address:	
5305 TECI TAMPA, F	HNOLOGY DR L 33647 US		8709 HUNTERS GRI STE 300 TAMPA, FL 33647	EEN DR US	
FEI Number:	: 20-5294010	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MARGINSON, BILL 5305 TECHNOLOGY DR TAMPA, FL 33647 US			STE 300	8709 HUNTEŔS GREEN DR	
	named entity s e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: BILL MARGINSON				04/14/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPT () MARGINSON, E 9121 WOODRII TAMPA, FL 330	DGE RUN DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () SHELBY, SCOT 2205 CLUBHOU PLANT CITY, F	JSE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VPS () BOSSO, TOM	Delete	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: BILL MARGINSON VP 04/14/2009