


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90008 047 \*\*\*150.00

**DOCUMENT # P06000101262**

1. Entity Name  
**BONDED BUILDERS TITLE SERVICES, INC.**




Principal Place of Business      Mailing Address  
**360 CENTRAL AVENUE**      **360 CENTRAL AVENUE**  
**ST. PETERSBURG, FL 33701**      **ST. PETERSBURG, FL 33701**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

**66020202**



03092007      Chg-P      CR2E034 (12/06)

4. FEI Number      **20-5322350**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HAIRE, NANCY C**  
**360 CENTRAL AVENUE**  
**ST. PETERSBURG, FL 33701**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D /T. <input type="checkbox"/> Delete	NAME B. Bennett Martz	TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Nancy C. Haire
STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701	STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701
TITLE D /P <input type="checkbox"/> Delete	NAME Whit Ward	TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Stephanie Trudel
STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701	STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701
TITLE D <input type="checkbox"/> Delete	NAME Howard Head	TITLE AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Mark E. Winkler
STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701	STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701
TITLE D /V <input type="checkbox"/> Delete	NAME Edwin C. Hussemann	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete	NAME David K. Meehan	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete	NAME Brain L. Keefer	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 360 Central Avenue	CITY-ST-ZIP St. Petersburg, FL 33701	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 with an address, with all other like empowered.

SIGNATURE: Stephanie D. Trudel      Stephanie D. Trudel      7/5/07      823-4000-4309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

on - 5/2  
for correction  
830-245-6086  
= 4

<b>DOCUMENT # P06000101262</b> 1. Entity Name BONDED BUILDERS TITLE SERVICES, INC.					
Principal Place of Business 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701		Mailing Address 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03092007    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-5322350	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  HAIRE, NANCY C 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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	<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	
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	
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 with an address, with all other like empowered.					
SIGNATURE: <u>Nancy C. Haire</u>		Nancy C. Haire		4/13/2007    727 823-4000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

06020202

# P06000101262

BONDED BUILDERS TITLE SERVICES, INC.

Exhibit to 2007 Annual Report

<b>DT</b>	<b>B. Bradford Martz</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>
<b>DP</b>	<b>Whit Ward</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>
<b>D</b>	<b>Howard A. Head</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>
<b>DV</b>	<b>Edwin C. Hussemann</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>
<b>D</b>	<b>David K. Meehan</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>
<b>D</b>	<b>Brian L. Keefer</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>
<b>AS</b>	<b>Nancy C. Haire</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>
<b>AS</b>	<b>Stephanie D. Trudel</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>
<b>AVP</b>	<b>Mark E. Winkler</b>	<b>360 Central Avenue</b>	<b>St. Petersburg, FL 33701</b>

# ATTACHMENT

**BANKERS** Bankers Insurance Group, Inc.  
**INSURANCE GROUP** Operating Account

VENDOR #	CHECK DATE	CHECK #
1376	04/20/07	14086

Invoice #	Date	Description	Amount
ANNL042007	04/20/07	BBTS	150.00
<p style="font-size: 2em; opacity: 0.5;">COPY</p> <p style="font-size: 1.5em;">66020202</p> <p style="font-size: 1.5em;">#P06000101262</p> <p>If you would like to inquire about electronic payment or remittance options please contact the Accounts Payable Department (727)823-4000.</p>			
<b>Total:</b>			*****150.00

THE FACE OF THIS DOCUMENT IS PRINTED BLUE-THE BACK CONTAINS A STAR WATERMARK WITH THE WORD INSURANCE-HOLD AT AN ANGLE TO VIEW.

**BANKERS** Bankers Insurance Group, Inc.  
**INSURANCE GROUP** Operating Account  
 P.O. Box 15707  
 St. Petersburg, FL 33733  
 727-823-4000

VENDOR #	CHECK DATE	CHECK #
1376	04/20/07	14086

Wachovia Bank  
 St. Petersburg, Florida  
 (63-943)  
 631

PAY: One hundred fifty and 00/100 Dollars

PAY TO THE ORDER OF  
 FLORIDA DEPT OF STATE  
 2670 EXECUTIVE CENTER CIRCLE  
 STE 100  
 TALLAHASSEE FL 32301

CHECK AMOUNT  
 \*\*\*\*\*\$150.00  
 VOID AFTER 90 DAYS

[Signature]



\*See Reverse Side For Easy Opening Instructions\*

**BANKERS** Bankers Insurance Group, Inc.  
**INSURANCE GROUP** Operating Account  
 P.O. Box 15707  
 St. Petersburg, FL 33733  
 727-823-4000

FLORIDA DEPT OF STATE  
 2670 EXECUTIVE CENTER CIRCLE  
 STE 100  
 TALLAHASSEE FL 32301