

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2007 90008 047 ***150.00

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

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

TITLE	D /T	<input type="checkbox"/> Delete
NAME	B. Bennett Martz	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D /P	<input type="checkbox"/> Delete
NAME	Whit Ward	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	Howard Head	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D /V	<input type="checkbox"/> Delete
NAME	Edwin C. Hussemann	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	David K. Meehan	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	Brain L. Keefer	
STREET ADDRESS	360 Central Avenue	
CITY-ST-ZIP	St. Petersburg, FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		


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 its 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
870-245-6086
34

DOCUMENT # P06000101262 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	
Zip		Country		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 _____ <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, 2007 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	<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	
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Nancy C. Haire 4/13/2007 727 823-4000 <small>Date Daytime Phone #</small>		

ATTACHMENT
06020202
P06000101262
BONDED BUILDERS TITLE SERVICES, INC.

Exhibit to 2007 Annual Report

D T	B. Bradford Martz	360 Central Avenue	St. Petersburg, FL 33701
D P	Whit Ward	360 Central Avenue	St. Petersburg, FL 33701
D	Howard A. Head	360 Central Avenue	St. Petersburg, FL 33701
D V	Edwin C. Hussemann	360 Central Avenue	St. Petersburg, FL 33701
D	David K. Meehan	360 Central Avenue	St. Petersburg, FL 33701
D	Brian L. Keefer	360 Central Avenue	St. Petersburg, FL 33701
AS	Nancy C. Haire	360 Central Avenue	St. Petersburg, FL 33701
AS	Stephanie D. Trudel	360 Central Avenue	St. Petersburg, FL 33701
AVP	Mark E. Winkler	360 Central Avenue	St. Petersburg, FL 33701

ATTACHMENT

BANKERS
INSURANCE GROUP

Bankers Insurance Group, Inc.
Operating Account

VENDOR #
1376

CHECK DATE
04/20/07

CHECK #
14086

Invoice #	Date	Description	Amount
ANNL042007	04/20/07	BBTS	150.00
<div style="position: relative; height: 150px;"> <div style="position: absolute; top: 10%; left: 10%; font-size: 4em; opacity: 0.5;">COPY</div> <div style="position: absolute; top: 15%; left: 40%; font-size: 1.5em;">66020202</div> <div style="position: absolute; top: 20%; left: 40%; font-size: 1.5em;">#P06000101262</div> </div>			
			Total: *****150.00

If you would like to inquire about electronic payment or remittance options please contact the Accounts Payable Department (727)823-4000.

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
INSURANCE GROUP

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

VENDOR #
1376

CHECK DATE
04/20/07

CHECK #
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]

MP

See Reverse Side For Easy Opening Instructions

BANKERS
INSURANCE GROUP

Bankers Insurance Group, Inc.
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