

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110560

FILED
Jul 17, 2008
Secretary of State

Entity Name: ENTERPRISE TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

18130 US HWY 441, STE 2
MOUNT DORA, FL 32757 US

New Principal Place of Business:

1502 N. DONNELLY ST.
SUITE 105
MOUNT DORA, FL 32757 US

Current Mailing Address:

18130 US HWY 441, STE 2
MOUNT DORA, FL 32757 US

New Mailing Address:

1502 N. DONNELLY ST.
SUITE 105
MOUNT DORA, FL 32757 US

FEI Number: 20-5429664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPICER, TIMOTHY W
337 ROSE STREET
UMATILLA, FL 32784 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPICER, TIMOTHY W
Address: 337 ROSE STREET
City-St-Zip: UMATILLA, FL 32784 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY W. SPICER

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07/17/2008

Electronic Signature of Signing Officer or Director

Date