

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138038

Entity Name: LAND TITLE INSURANCE, INC.

FILED  
Aug 29, 2007  
Secretary of State

## Current Principal Place of Business:

6821 SOUTHPOINT DRIVE NORTH  
SUITE 109  
JACKSONVILLE, FL 32216

## Current Mailing Address:

6821 SOUTHPOINT DRIVE NORTH  
SUITE 109  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

2021 ART MUSEUM DRIVE  
SUITE 115  
JACKSONVILLE, FL 32207

## New Mailing Address:

2021 ART MUSEUM DRIVE  
SUITE 115  
JACKSONVILLE, FL 32207

FEI Number: 83-0466852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZARAKHOVICH, MARIYA Y  
6821 SOUTHPOINT DRIVE NORTH  
SUITE 109  
JACKSONVILLE, FL 32216 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: D ( ) Delete  
Name: ZARAKHOVICH, MARIYA Y  
Address: 6821 SOUTHPOINT DRIVE NORTH, SUITE 109  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition  
Name: LEONG, WAYNE  
Address: 2021 ART MUSEUM DRIVE, SUITE 115  
City-St-Zip: JACKSONVILLE, FL 32207

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 LEONG

D

08/29/2007

Electronic Signature of Signing Officer or Director

Date