## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000049703

Entity Name: K.E.L. TITLE INSURANCE GROUP, INC.

FILED Jun 17, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

151 WYMORE RD. 111 N. MAGNOLIA AVENUE SUITE 3000 SUITE 1500

ALTAMONTE SPRINGS, FL 32714 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

151 WYMORE RD.
SUITE 3000
ALTAMONTE SPRINGS, FL 32714

111 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32801

FEI Number: 45-0559883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. P.O. BOX 6200 ( 32314 -6200 ) TALLAHASSEE, FL 32399 US

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

## **OFFICERS AND DIRECTORS:**

Title: [

Name: LYND, CRAIG R

Address: 172 STEEPLE CHASE CIRCLE

City-St-Zip: SANFORD, FL 32771

Title: D

Name: ENGLETT, MATTHEW S Address: 515 LAKE AVE City-St-Zip: ORLANDO, FL 32804

Title: D

Name: MCKENZIE, GORDON T Address: 15983 MATARO BAY COURT City-St-Zip: DELRAY BEACH, FL 33446

Title: [

Name: KAUFMAN, JEFFREY S Address: 6149 FOXFIELD CT City-St-Zip: WINDERMERE, FL 34786

Title:

 Name:
 PANTOZZI, PAUL M II

 Address:
 7401 PARK SPRINGS CIRCLE

 City-St-Zip:
 ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: SHERYL CAMPBELL HUGHES PRES 06/17/2010