


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90035 049 ***150.00

DOCUMENT # P07000060802					
1. Entity Name ASSURANCE TITLE & ABSTRACT, INC					
Principal Place of Business 10033 B NORTH DALE MABRY HWY TAMPA, FL 33618			Mailing Address 10033 B NORTH DALE MABRY HWY TAMPA, FL 33618		
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	USA	
6. Name and Address of Current Registered Agent JONES, KATHLEEN A 11026 LYNN LAKE CIRCLE TAMPA, FL 33625				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
JONES, KATHLEEN A 10033 B NORTH DALE MABRY HWY TAMPA, FL 33618					
VP WILSON, KIMBERLY M 10033 B NORTH DALE MABRY HWY TAMPA, FL 33618					
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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>Kimberly M Wilson</u> <u>Kimberly M Wilson</u> <u>3/20/08</u> <u>813-968-6800</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

60024830



03202008 Chg-P CR2E034 (12/06)

4. FEI Number **26-0224376** Applied For Not Applicable

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