

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030521

FILED  
May 27, 2010  
Secretary of State

Entity Name: COUNTYLINE INSURANCE TITLE GROUP, INC.

**Current Principal Place of Business:**

10211 PINES BLVD  
301  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

10211 PINES BLVD  
301  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PETTERSON, CHRIS  
10211 PINES BLVD  
301  
PEMBROKE PINES, FL 33026 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,VP  
Name: PETTERSON, CHRIS  
Address: 10211 PINES BLVD, # 301  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: T,S  
Name: PETTERSON, CHRIS  
Address: 10211 PINES BLVD, # 301  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D  
Name: PETTERSON, CHRIS  
Address: 10211 PINES BLVD, # 301  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: CHRIS PETTERSON

S

05/27/2010

Electronic Signature of Signing Officer or Director

Date