

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000101122

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** BROOKE SLOANE TITLE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

12570 TELECOM DR  
TAMPA, FL 33637

**New Principal Place of Business:**

4301 BAYSHORE BLVD  
TAMPA, FL 33611

**Current Mailing Address:**

10006 CROSS CREEK BLVD STE 437  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 27-1506058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILINS, VALDIS  
12570 TELECOM DRIVE  
TAMPA, FL 33637 US

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

SILINS, VALDIS  
4301 BAYSHORE BLVD  
TAMPA, FL 33611 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: VALDIS SILINS

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SANDERS, W. MARK  
Address: 10006 CROSS CREEK BLVD. STE 437  
City-St-Zip: TAMPA, FL 33647

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: W. MARK SANDERS

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date