

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000098452

**FILED**  
**Jun 19, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

4403 SE 16TH PLACE  
SUITE 1  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

4403 SE 16TH PLACE  
SUITE 4  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4403 SE 16TH PLACE  
SUITE 1  
CAPE CORAL, FL 33904

**New Mailing Address:**

4403 SE 16TH PLACE  
SUITE 4  
CAPE CORAL, FL 33904

**FEI Number:** 32-0358459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUGHES, RICHARD J PRES.  
2235 SE 27TH ST  
CAPE CORAL, FL 33904 US

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

KEVIN F JURSKINSKI & ASSOCIATES  
15701 S. TAMiami TRAIL  
FORT MYERS, FL 33908 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: KEVIN F JURSKINSKI

06/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HITCHENS, ANTIONETTE B  
Address: 245 SW 45TH TER  
City-St-Zip: CAPE CORAL, FL 33914 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: ANTOINETTE B. HITCHENS

PRES

06/19/2012

Electronic Signature of Signing Officer or Director

Date