## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000056451

Entity Name: STEWART APPROVED TITLE, INC.

FILED Apr 15, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 917 EMMETT STREET 1201 EMMETT STREET KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 US US **Current Mailing Address: New Mailing Address:** 917 EMMETT STREET 1201 EMMETT STREET KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US FEI Number: 59-3196261 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: HICKMAN, HAROLD E 3401 W. CYPRESS STREET TAMPA, FL 33607 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SHEIVE, REBECCA Name: Name: SHEIVE, REBECCA 917 EMMETT ST. 1201 EMMETT ST. Address: Address: City-St-Zip: KISSIMMEE EL City-St-Zip: KISSIMMEE, FL Title: Title: () Delete () Change () Addition Name: HICKMAN, HAROLD E Name: 3401 W. CYPRESS ST. Address: Address: TAMPA, FL 33607 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition HICKMAN, JIMMY Name: Name: 3401 W CYPRESS ST. Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition SHOWEN, LANA Name: Name: Address: 917 EMMETT ST Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete WOESTE, RAYELYNNE Name: WOESTE, RAYELYNNE Name: 1404 BUDINGER ST. Address: 1401 BUDINGER AVE. Address: City-St-Zip: ST. CLOUD, FL 34769 City-St-Zip: ST. CLOUD, FL 34769 Title: () Delete Title: (X) Change ( ) Addition Name: LING, JOANNE Name: LING, JOANNE 917 EMMETT ST. 1201 EMMETT ST. Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REBECCA SHEIVE DP 04/15/2005