

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071335

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** TROPICAL LAND TITLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1005 WEST INDIANTOWN ROAD  
SUITE 201  
JUPITER, FL 33458 US

**New Principal Place of Business:**

641 UNIVERSITY BOULEVARD  
SUITE 203  
JUPITER, FL 33458 US

**Current Mailing Address:**

1005 WEST INDIANTOWN ROAD  
SUITE 201  
JUPITER, FL 33458 US

**New Mailing Address:**

P.O. BOX 7618  
JUPITER, FL 33468 US

**FEI Number:** 65-0442763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEPINTO, WENDY K  
1005 WEST INDIANTOWN ROAD  
SUITE 201  
JUPITER, FL 33458 US

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

DEPINTO, WENDY K  
641 UNIVERSITY BOULEVARD  
SUITE 203  
JUPITER, FL 33458 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: WENDY K. DEPINTO

04/16/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: DEPINTO, WENDY K  
Address: 641 UNIVERSITY BOULEVARD #203  
City-St-Zip: JUPITER, FL 33458

Title: V  
Name: DEPINTO, GREGG V  
Address: 641 UNIVERSITY BOULEVARD #203  
City-St-Zip: JUPITER, FL 33458

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: WENDY K. DEPINTO

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04/16/2010

Electronic Signature of Signing Officer or Director

Date