

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088500

Entity Name: COLONIAL TITLE COMPANY

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

15302 CASEY RD.  
TAMPA, FL 33624 US

## New Principal Place of Business:

## Current Mailing Address:

15302 CASEY RD.  
TAMPA, FL 33624 US

## New Mailing Address:

FEI Number: 59-3214967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAURA A. VANHISE  
10310 LAKE GRAVE DR  
ODESSA, FL 33556 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: VAN HISE, LAURA  
Address: 10310 LAKE GROVE DR.  
City-St-Zip: ODESSA, FL 33556

Title: V ( ) Delete  
Name: WALTERS, KAREN  
Address: 1426 WYNDHAM LAKES DR  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LAURA A. VANHISE

PDS

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date