


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90010 012 \*\*\*150.00

<b>DOCUMENT # P95000067979</b>	
1. Entity Name <b>TOWN SQUARE TITLE COMPANY</b>	

Principal Place of Business <b>749 NORTH GARLAND AVENUE #101 ORLANDO, FL 32801</b>	Mailing Address <b>749 NORTH GARLAND AVENUE #101 ORLANDO, FL 32801</b>
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2. Principal Place of Business - No P.O. Box # <b>250 East Colonial Drive</b>	3. Mailing Address <b>250 East Colonial Drive</b>
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc. <b>Suite 300</b>
City & State <b>Orlando, Florida</b>	City & State <b>Orlando, Florida</b>
Zip <b>32801</b>	Country <b>USA</b>



01172008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3384307</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>KEATING, JOHN K 749 NORTH GARLAND AVENUE #101 ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name <b>John Kingman Keating</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 East Colonial Drive, Suite 300</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John Kingman Keating **MAR 31 2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEATING, JOHN K 749 NORTH GARLAND AVENUE #101 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D John Kingman Keating 250 East Colonial Drive, Suite 300 Orlando, Florida 32801</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Kingman Keating **MAR 31 2008**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **407-425-2907** Daytime Phone #