


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90005 035 ***150.00

DOCUMENT # P95000094195 1. Entity Name NATION'S ABSTRACT AND TITLE INSURANCE COMPANY					
Principal Place of Business 10033 W HILLSBOROUGH 5325 Kelly Rd TAMPA, FL 33615 US			Mailing Address 10033 W HILLSBOROUGH 5325 Kelly Rd TAMPA, FL 33615 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3477394	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGEL, DALIA 10033 W. HILLSBOROUGH AVENUE TAMPA, FL 33615				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs PAGEL, DALIA 10033 W HILLSBOROUGH AVE 5325 Kelly Rd TAMPA, FL 33615				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
(This section contains multiple rows for additions and changes, each with fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change/Addition/Delete.)					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 7/19/06 Daytime Phone #: 813-243-4000	