

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000070456

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: SUNSHINE TITLE INSURANCE, INC.

## Current Principal Place of Business:

22970 OVERSEAS HWY  
CUDJOE KEY, FL 33042

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 420036  
SUMMERLAND KEY, FL 33042

## New Mailing Address:

FEI Number: 65-0694939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FOSTER, KENDRA  
P.O.BOX 420036  
SUMMERLAND KEY, FL 33042 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: D ( ) Delete  
Name: FOSTER, KENDRA  
Address: 68 N LAKE DR  
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D ( ) Delete  
Name: SANDRIE, R  
Address: 327-D1 KNOTTY PINE CIR  
City-St-Zip: LAKE WORTH, FL 33863

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: SANDRIE, R  
Address: 327-D1 KNOTTY PINE CIR  
City-St-Zip: LAKE WORTH, FL 33463

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: K FOSTER

D

04/29/2005

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

\_\_\_\_\_  
Date