

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000010012	
1. Entity Name TITLECORP OF FLORIDA, INC.	

Principal Place of Business 355 S. RONALD REAGAN BLVD. LONGWOOD FL 32750	Mailing Address 355 S. RONALD REAGAN BLVD. LONGWOOD FL 32750
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FBI Number 59-3422988	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARCHIE, ROBERT W 355 S. RONALD REAGAN BLVD. LONGWOOD FL 32750
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ Signature, typed or printed name of individual agent and title. (Indicate)
_____ (NOTE: Registered Agent signature required when removing agent)
DATE _____

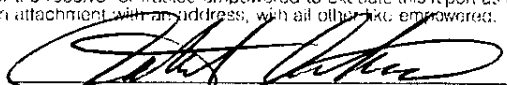
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PRES ☐ Delete
NAME	ARCHIE, ROBERT W
STREET ADDRESS	355 S. RONALD REAGAN BLVD.
CITY-STATE-ZIP	LONGWOOD FL 32750
TITLE	SECR ☐ Delete
NAME	ARCHIE, REBECCA
STREET ADDRESS	355 S. RONALD REAGAN BLVD.
CITY-STATE-ZIP	LONGWOOD FL 32750
TITLE	VICE ☐ Delete
NAME	JOHNSON, WILLIAM H
STREET ADDRESS	355 S. RONALD REAGAN BLVD.
CITY-STATE-ZIP	LONGWOOD FL 32750
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	000000859091
STREET ADDRESS	04/02/08-80009-007 150.00
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver or trustee empowered to execute this report as required by it changed, or on an attachment with an address, with all other info. empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR