2005 FOR PROFIT CORPORATION

FILED Apr 04, 2005 08:00 AM

Secretary of State I. Entity Name HARTLE REALTY TITLE INSURANCE AGENCY, INC. Mailing Address 12412 SAN JOSE BLVD. 12412 SAN JOSE BLVD. 12412 SAN JOSE BLVD. 1402 JACKSONVILLE, FL 32223 US DO NOT WRITE IN THIS SPACE 1. FEI Number 59-3461915 1. Certificate of Status Desired S8.75 Additional Fee Required 1. Fee Required DO NOT WRITE IN THIS SPACE 1. FEI Number 59-3461915 1. Certificate of Status Desired S8.75 Additional Fee Required 1. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SCHARLE STATURE OF STATUS SPACE STATUS STATUS SPACE STATUS ST
12412 SAN JOSE BLVD. #402 JACKSONVILLE, FL 32223 US DO NOT WRITE IN THIS SPACE 02262005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3461915 Not Applicate 59-3461915 5. Certificate of Status Desired Status Desired Fee Required NOE, WILLIAM G JR 599 ATLANTIC BLVD STE 6 ATLANTIC BCH, FL 32233 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE
12412 SAN JOSE BLVD. #402 JACKSONVILLE, FL 32223 US DO NOT WRITE IN THIS SPACE 02262005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3461915 Not Applicate 59-3461915 5. Certificate of Status Desired Status Desired Fee Required NOE, WILLIAM G JR 599 ATLANTIC BLVD STE 6 ATLANTIC BCH, FL 32233 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE
DO NOT WRITE IN THIS SPACE 02262005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3461915 Applied For 59-3461915 Not Applicate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE NOE, WILLIAM G JR 599 ATLANTIC BLVD STE 6 ATLANTIC BCH, FL 32233 AT
DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3461915 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NOE, WILLIAM G JR 599 ATLANTIC BLVD STE 6 ATLANTIC BCH, FL 32233 B. 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
59-3461915 Not Applicate 59-3461915 S. Certificate of Status Desired \$3.75 Additional Fee Required NOE, WILLIAM G JR 599 ATLANTIC BLVD STE 6 ATLANTIC BCH, FL 32233 B. 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
5. Certificate of Status Desired 5. Certificate of Status Desir
6. Name and Address of Current Registered Agent NOE, WILLIAM G JR 599 ATLANTIC BLVD STE 6 ATLANTIC BCH, FL 32233 B. 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 SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE 1. 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. 1 am familiar with, and accept the obligations of registered agent.
the obligations of registered agent. SIGNATURE
SIGNATURE
SIGNATURE Signature hand or printed name of representationed space and little if applicable (NOTE Represent Applicables represent space reprinted when collectories). DATE
Signature, typec or privide name or registered agent and title it applicable. (NOTE Registered Agent signature required when retrisearing).
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS
TITLE PSTD
NAME HARTLE, MARK Q STREET ADDRESS 601 CR 13 SOUTH
OTY-ST-ZIP ST. AUGUSTINE, FL 32092 U00000287172 TITLE VP 04/04/05-80059-004 150.00
NAME HARTLE, CORA S STREET ADDRESS 601 CR 13 SOUTH
CITY-SY-ZIP ST. AUGUSTINE, FL 32092
RILE VP
NAME HARTLE, MARK Q JR
STREET ADDRESS 601 CR 13 SOUTH CITY-ST-ZIP ST. AUGUSTINE, FL 32092 DO NOT WRITE
NAME IN THIS STACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP
HAME STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Muse A. Abella SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-262-0088