

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018259

FILED
Jul 21, 2009
Secretary of State

Entity Name: ALLEGIANCE TITLE AGENCY, INC.

Current Principal Place of Business:

220 E CENTRAL PARKWAY
SUITE 2040
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

2170 W SR 434
SUITE 385
LONGWOOD, FL 32779

Current Mailing Address:

220 E CENTRAL PARKWAY
SUITE 2040
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

2170 W SR 434
SUITE 385
LONGWOOD, FL 32779

FEI Number: 59-3495609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMPSON, PEGGY A P
584 ALBANY PLACE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

CIRIACO, EDWARD P
2170 W SR 434
LONGWOOD, FL 32779 US

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: EDWARD CIRIACO

07/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMPSON, PEGGY A P
Address: 584 ALBANY PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DEAL, LARRY P D
Address: 1941 LK MARKHAM PRESERVE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: CIRIACO, EDWARD A VP
Address: 4908 ROCK ROSE LOOP
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CIRIACO, EDWARD A P
Address: 2170 W SR 434, SUITE 385
City-St-Zip: LONGWOOD, FL 32779

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

Title: D (X) Change () Addition
Name: SAMPSON, PEGGY A D
Address: 5095 FAYANN STREET
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD A CIRIACO

P

07/21/2009

Electronic Signature of Signing Officer or Director

Date