

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT# P99000000163

1. Entity Name

AMERICAN SURETY LAND TITLE, INC.



Principal Place of Business

11761 BEACH BLVD., STE. 11
JACKSONVILLE, FL 32246

Mailing Address

11761 BEACH BLVD., STE. 11
JACKSONVILLE, FL 32246



01112005

NoChg-P

CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3554753

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, FLORA W
11761 BEACH BLVD. SUITE 11
JACKSONVILLE, FL 32246

**DO NOT WRITE
IN THIS SPACE**

8. The abovenamed 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 obligation of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agents signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
BOWMAN, FLORA W
11761 BEACH BLVD., STE. 11
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEVS
FOUNTAIN, V. T
11761 BEACH BLVD., STE. 11
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000300033
04/12/05-80004-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Flora W. Bowman President 4805 904-642-1264