

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000000163

FILED
Feb 08, 2009
Secretary of State

Entity Name: AMERICAN SURETY LAND TITLE, INC.

Current Principal Place of Business:

PMB 340 3545-1 ST. JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32224

New Principal Place of Business:

5 SEATROUT ST
PONTE VEDRA, FL 32082

Current Mailing Address:

PMB 340 3545-1 ST. JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32224

New Mailing Address:

5 SEATROUT ST
PONTE VEDRA, FL 32082

FEI Number: 59-3554753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUNTAIN, V T
7478 TRAILS END
JACKSONVILLE, FL 32277 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: DPST () Delete
Name: BOWMAN, FLORA W
Address: PMB 340 3545-1 ST. JOHNS BLUFF RD. S.
City-St-Zip: JACKSONVILLE, FL 32224

Title: DEVS () Delete
Name: FOUNTAIN, V T
Address: PMB 340 3545-1 ST. JOHNS BLUFF RD S.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: BOWMAN, FLORA W
Address: 5 SEATROUT ST
City-St-Zip: PONTE VEDRA, FL 32082

Title: DEVS (X) Change () Addition
Name: FOUNTAIN, V T
Address: 7478 TRAILS EB\ND
City-St-Zip: JACKSONVILLE, FL 32277

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: FLORA BOWMAN

P

02/08/2009

Electronic Signature of Signing Officer or Director

Date