

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35000

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: FUENTES AND KREISCHER TITLE COMPANY

**Current Principal Place of Business:**

1407 W BUSCH BLVD  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

17911 VON KARMAN AVE.  
SUITE 300  
IRVINE, CA 92614

**New Mailing Address:**

2510 N. REDHILL AVE.  
C/O MADELINE BAREWALD  
SANTA ANA, CA 92705

FEI Number: 59-3137263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: DVP ( ) Delete  
Name: FUENTES, LAWRENCE E  
Address: 1407 W BUSCH BLVD  
City-St-Zip: TAMPA, FL 33612

Title: DVP ( ) Delete  
Name: KREISCHER, ALBERT C JR  
Address: 1407 W BUSCH BLVD  
City-St-Zip: TAMPA, FL 33612

Title: SVPS ( ) Delete  
Name: JOHNSON, TODD C  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: MEINHARDT, ERIKA  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: P ( ) Delete  
Name: SHALLENBURG, DEBORAH M  
Address: 1407 W BUSCH BLVD.  
City-St-Zip: TAMPA, FL 33612

Title: VPT ( ) Delete  
Name: FARENGA, PATRICK  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: MADELINE BAREWALD

AVP

04/16/2008

Electronic Signature of Signing Officer or Director

Date