

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V35000

**FILED
Jun 12, 2009
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:

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

New Mailing Address:

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

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: EVPS () Delete
Name: GRAVELLE, MICHAEL L
Address: 4050 CALLE REAL
City-St-Zip: SANTA BARBARA, CA 93110

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: SVPT () Delete
Name: MURPHY, DANIEL K
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FUENTES, LAWRENCE E
Address: 1407 W BUSCH BLVD
City-St-Zip: TAMPA, FL 33612

Title: VPAS (X) Change () Addition
Name: KREISCHER, ALBERT C JR
Address: 1407 W BUSCH BLVD
City-St-Zip: TAMPA, FL 33612

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

Title: DCFO (X) Change () Addition
Name: PARK, ANTHONY J
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: P (X) Change () Addition
Name: ANDERSON, CATHERINE A
Address: 7600 SEMINOLE BLVD. STE 102
City-St-Zip: SEMINOLE, FL 33772

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

06/12/2009

Electronic Signature of Signing Officer or Director

Date