

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000098452

**Entity Name:** AMERICAN TITLE INSURANCE COMPANY

**Current Principal Place of Business:**

4403 SE 16TH PLACE  
SUITE 1  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4403 SE 16TH PLACE  
SUITE 1  
CAPE CORAL, FL 33904 US

**FEI Number:** 32-0358459

**Certificate of Status Desired:** No

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

KEVIN F JURSKINSKI & ASSOCIATES  
15701 S. TAMiami TRAIL  
FORT MYERS, FL 33908 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            HITCHENS, ANTOINETTE B  
Address        2611 SOMERVILLE LOOP #206  
City-State-Zip: CAPE CORAL FL 33991

I hereby 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 all other like empowered.

**SIGNATURE:** ANTOINETTE B. HITCHENS

**PRESIDENT**

**04/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date