


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90103 013 ***150.00

DOCUMENT # F02000002552			
1. Entity Name LANDAMERICA PROPERTY INSPECTION SERVICES, INC.			
Principal Place of Business 925 NORTH POINT PARKWAY, SUITE 400 ALPHARETTA, GA 30005		Mailing Address 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5600 Cox Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Glen Allen, VA	
Zip		Country USA	
Country		Zip 23060	
4. FEI Number 02-0573178		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARTIN, JAMES D 2300 MAITLAND CENTER PARKWAY, SUITE 100 MAITLAND, FL 32751		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME VAUGHAN, JEFFREY D STREET ADDRESS 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE CITY - ST - ZIP RICHMOND, VA 23235	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5600 Cox Road STREET ADDRESS Glen Allen, VA 23060 CITY - ST - ZIP	
TITLE DP NAME FRASER, REVELL L STREET ADDRESS 925 NORTH POINT PARKWAY CITY - ST - ZIP ALPHARETTA, GA 30005	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5600 Cox Road STREET ADDRESS Glen Allen, VA 23060 CITY - ST - ZIP	
TITLE VPAS NAME BROWNSTEIN, ANDREW S STREET ADDRESS 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE CITY - ST - ZIP RICHMOND, VA 23235	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5600 Cox Road STREET ADDRESS Glen Allen, VA 23060 CITY - ST - ZIP	
TITLE S NAME LORD, NATHAN M STREET ADDRESS 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE CITY - ST - ZIP RICHMOND, VA 23235	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5600 Cox Road STREET ADDRESS Glen Allen, VA 23060 CITY - ST - ZIP	
TITLE SVPT NAME RAMOS, RONALD B STREET ADDRESS 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE CITY - ST - ZIP RICHMOND, VA 23235	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5600 Cox Road STREET ADDRESS Glen Allen, VA 23060 CITY - ST - ZIP	
TITLE D NAME BROWNSTEIN, ANDREW S STREET ADDRESS 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE CITY - ST - ZIP RICHMOND, VA 23235	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Assistant Secretary Hope M. Vaughan STREET ADDRESS 5600 Cox Road CITY - ST - ZIP Glen Allen, VA 23060	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Hope M. Vaughan</i>		Hope M. Vaughan 4-26-07 (804)267-8697	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	