

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000133873

FILED  
Jan 26, 2007  
Secretary of State

Entity Name: 100% ASSURED TITLE, INC.

## Current Principal Place of Business:

144 MARY ESTHER BLVD  
#16  
MARY ESTHER, FL 32569

## New Principal Place of Business:

144 MARY ESTHER BLVD  
#12  
MARY ESTHER, FL 32569

## Current Mailing Address:

144 MARY ESTHER BLVD  
#16  
MARY ESTHER, FL 32569

## New Mailing Address:

144 MARY ESTHER BLVD  
#12  
MARY ESTHER, FL 32569

FEI Number: 59-3343607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LICARI, CHARLES J  
343 SHANNON CT  
FT. WALTON BEACH, FL 32548 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: P,D ( ) Delete  
Name: LICARI, CHARLES J  
Address: 343 SHANNON CT.  
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: D ( ) Delete  
Name: DAVIS, ROBIN D  
Address: 117 TRAILWOOD LN  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: KRAHENBUHL, DONNA L  
Address: 329 OLDE POST ROAD  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: KRAHENBUHL, DAVID W  
Address: 329 OLDE POST ROAD  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: LICARI, CHARLES J  
Address: 343 SHANNON CT.  
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: PD (X) Change ( ) Addition  
Name: DAVIS, ROBIN D  
Address: 117 TRAILWOOD LN  
City-St-Zip: CRESTVIEW, FL 32539

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 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: ROBIN D DAVIS

PD

01/26/2007

Electronic Signature of Signing Officer or Director

Date