


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000133873 1. Entity Name 100% ASSURED TITLE, INC.	
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Principal Place of Business 144 MARY ESTHER BLVD #12 MARY ESTHER, FL 32569	Mailing Address 144 MARY ESTHER BLVD #12 MARY ESTHER, FL 32569
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

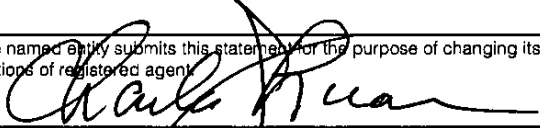
4. FEI Number 20-5780393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LICARI, CHARLES J
 343 SHANNON CT
 FT. WALTON BEACH, FL 32548

DO NOT WRITE
IN THIS SPACE

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.


1/7/08

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

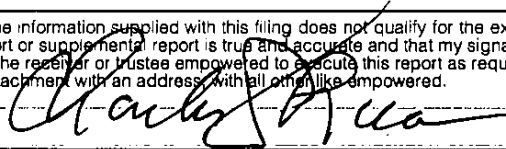
9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LICARI, CHARLES J
STREET ADDRESS	343 SHANNON CT.
CITY - ST - ZIP	FT. WALTON BEACH, FL 32548
TITLE	VPD
NAME	DAVIS, ROBIN D
STREET ADDRESS	117 TRAILWOOD LN
CITY - ST - ZIP	CRESTVIEW, FL 32539
TITLE	TD
NAME	KRAHENBUHL, DONNA L
STREET ADDRESS	329 OLDE POST ROAD
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	SD
NAME	KRAHENBUHL, DAVID W
STREET ADDRESS	329 OLDE POST ROAD
CITY - ST - ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U0000077508
 01/10/08-80006-018 150.00

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:  1/7/08 950-862-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #