

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUL -9 AM 10:38

DOCUMENT # 259960 1. Entity Name COLUMBIA TITLE OF FLORIDA INC					
Principal Place of Business 666 GRAND AVENUE, #2900 DES MOINES, IA 50309			Mailing Address POST OFFICE BOX 657 DES MOINES, IA 50303-0657		
2. Principal Place of Business 1826 Ponce De Leon Blvd.		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables FL		City & State		4. FEI Number 59-1004119	
Zip 33134		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATIN SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name no change Street Address (P.O. Box Number is Not Acceptable) 500039330325 07/20/04--01027--013 **70.00 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 PRES <input checked="" type="checkbox"/> Delete	NAME MACMURRY, DIXIE		TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Douglas L. Yount	
STREET ADDRESS 1360 S DIXIE HWY	CITY-ST-ZIP CORAL GABLES, FL 33146		STREET ADDRESS 1826 Ponce De Leon Blvd.	CITY-ST-ZIP Coral Gables FL 33134	
TITLE VP <input checked="" type="checkbox"/> Delete	NAME JOHNSON, GALEN		TITLE Secretary and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Ronald A. Shuffield	
STREET ADDRESS 1360 S DIXIE HWY	CITY-ST-ZIP CORAL GABLES, FL 33146		STREET ADDRESS 1360 Dixie Highway	CITY-ST-ZIP Coral Gables FL 33146	
TITLE SEC <input checked="" type="checkbox"/> Delete	NAME LEIGHTON, PAUL		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS 666 GRAND AVE-#2900	CITY-ST-ZIP DES MOINES, IA 50309		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE DIR <input checked="" type="checkbox"/> Delete	NAME MACMURRY, DIXIE		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS 1360 S DIXIE HWY	CITY-ST-ZIP CORAL GABLES, FL 33146		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE DIR <input type="checkbox"/> Delete	NAME JOHNSON, GALEN		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS 1360 S DIXIE HWY	CITY-ST-ZIP CORAL GABLES, FL 33146		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete	NAME _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Galen K. Johnson</i>		Date: 6-30-04		Daytime Phone #: 952-928-5575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Galen K. Johnson, Director					