

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 380700

FILED
Jun 30, 2004
Secretary of State

Entity Name: PROFESSIONAL TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

3067 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3067 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-1366993 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, DENNIS F
3067 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PETERS, DENNIS F,
Address: 3067 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL

Title: STD () Delete
Name: MAGER, MARTHA A
Address: 3067 E. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL

Title: VPD () Delete
Name: BABBITT, CATHERINE L.
Address: 3067 E COMMERCIAL BLVD
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PETERS, DENNIS F,
Address: 3067 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33308

Title: STD (X) Change () Addition
Name: MAGER, MARTHA A
Address: 3067 E. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VPD (X) Change () Addition
Name: BABBITT, CATHERINE L.
Address: 3067 E COMMERCIAL BLVD
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS F. PETERS

PD

06/30/2004

Electronic Signature of Signing Officer or Director

_____ Date