2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# P02000122988

Entity Name: A & N TITLE, INC.

Current Principal Place of Business:

235 S. MAITLAND AVENUE
SUITE 204
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

235 S. MAITLAND AVENUE
SUITE 204
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 73-1659271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AUGUSTINE, LOVELLE
1591 CHIPPEWA TRAIL
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

AUGUSTINE, LOVELLE
50 MINNEHAHA CIRCLE
MAITLAND, FL 32751 US

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: _____ 04/16/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete
Name: AUGUSTINE, LOVELLE
Address: 50 MINNEHAHA CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: VSD ( ) Delete
Name: POZO, BRENDA
Address: 4250 ENDERS STREET APT 101
City-St-Zip: ORLANDO, FL 32814

Title: PD (X) Delete
Name: G. DOUGLAS NAIL,
Address: 1413 HARBIN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AUGUSTINE, LOVELLE
Address: 50 MINNEHAHA CIRCLE
City-St-Zip: MAITLAND, FL 32751

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 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: LOVELLE AUGUSTINE P 04/16/2004
Electronic Signature of Signing Officer or Director — Date