

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122988

Entity Name: A & N TITLE, INC.

FILED
Jan 18, 2006
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

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

Title: VSD () Delete
Name: POZO, BRENDA
Address: 1465 WUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: POZO, BRENDA
Address: 114 BROOKSHIRE COURT
City-St-Zip: WINTER SPRINGS, FL 32708

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: LOVELLE AUGUSTINE

PRES

01/18/2006

Electronic Signature of Signing Officer or Director

Date