


**2005-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

04-14-2005 90108 023 ***150.00

DOCUMENT # P04000115943			
1. Entity Name ARIZONA TITLE COMPANY			
Principal Place of Business 9309 OLD KINGS ROAD S. SUITE 4 JACKSONVILLE, FL 32257		Mailing Address 9309 OLD KINGS ROAD S. SUITE 4 JACKSONVILLE, FL 32257	
2. Principal Place of Business 325 W. Kari Ct.		3. Mailing Address Subs. Apt. #, etc. P.O. Box 600788	
City & State Jacksonville, FL		City & State Fruit Cove	
Zip 32259		Zip 32260-0788	
Country USA		Country USA	
4. FEI Number 52-2451063		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent KOKO HEAD, P.A. 9309 OLD KINGS ROAD S. SUITE 4 JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Koko Head, P.A. Street Address (P.O. Box Number is Not Acceptable) 325 W. Kari Ct. City Jacksonville FL Zip Code 32259	
9. 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: <u>Koko Head, President</u> DATE: <u>2/14/05</u> <small>Signature, typed or printed name of registered agent, with date of application. (NOTE: Registered Agent signature required when forwarding)</small>			
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Koko Head 325 W. Kari Ct. Jacksonville, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Stephanie Peters 2004 Blainfield Crossing Ct. St. Augustine, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Donna Head 325 W. Kari Ct. Jacksonville, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Statute. 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 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: <u>Koko Head, President</u>		DATE: <u>2/14/05</u> 904-230-1550	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date</small>	



02142005 Chg-P CR2E034 (10/03)