


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 196060</b> 1. Entity Name FLORIDA LAND TITLE CO.		
Principal Place of Business 3401 W. CYPRESS ST. TAMPA, FL 33607 US	Mailing Address 3401 W. CYPRESS ST. TAMPA, FL 33607 US	



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0785229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HICKMAN, HAROLD E 3401 WEST CYPRESS STREET TAMPA, FL 33607	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HICKMAN, HAROLD 3401 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFER, JOSEPH B. 540 BOSPHORUS AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, E. BRADFORD 101 E. KENNEDY BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, BETTY LOU 2801 TERRACE DR TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNDOZA, BARBARA 3401 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, SAM 940 SOUTH STERLING TAMPA, FL 33629

11000007409048  
02/08/06-80083-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/06