

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90016 006 \*\*\*150.00

**20018095**



02012006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 427155</b> 1. Entity Name <b>GENERAL TITLE COMPANY OF FLORIDA</b>																																																																																																																																																					
Principal Place of Business <b>3953 W KENNEDY BLVD</b> <b>TAMPA, FL 33609</b>			Mailing Address <b>1502 W FLETCHER AV</b> <b>SUITE 101</b> <b>TAMPA, FL 33612</b>																																																																																																																																																		
2. Principal Place of Business <b>220 N. Pine Av</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite A</b>																																																																																																																																																			
Suite, Apt. #, etc. <b>Suite A</b>		Suite, Apt. #, etc. City & State <b>Oldsmar FL</b>																																																																																																																																																			
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4. FEI Number <b>59-1471316</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																					
6. Name and Address of Current Registered Agent  <b>FARR, JAMES G</b> <b>1502 W FLETCHER AV</b> <b>STE 101</b> <b>TAMPA, FL 33612</b>			7. Name and Address of New Registered Agent  Name <b>David B. Housefield</b> Street Address (P.O. Box Number is Not Acceptable) <b>1502 W. Fletcher Av</b> <b>Suite 101</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33612</b>																																																																																																																																																		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">FARR, JAMES G</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">1502 W FLETCHER AV. 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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.																																																																																																																																																					
<b>SIGNATURE:</b> <b>2/3/06</b> <b>813-962-0548</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					