


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 592311 1. Entity Name WEST FLORIDA TITLE COMPANY OF MILTON	
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Principal Place of Business 5220 WILLING STREET P.O. BOX 762 MILTON, FL 32570	Mailing Address 5220 WILLING STREET P.O. BOX 762 MILTON, FL 32570
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GATLIN, R. KENNE 8145 VIRGINIA LANE MILTON, FL 32583	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MINNIE L. 5187 CATALINA STREET PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATLIN, VERITHA W. 8145 VIRGINIA LANE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATLIN, R. KENNE 8145 VIRGINIA LANE MILTON, FL 32583
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01/13/05-80019-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:  R. Kenne Gatlin	01-10-05	850 623-4626
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>