

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM  
Secretary of State

|                                                            |  |                                                                                   |
|------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # 665739                                          |  |  |
| 1. Entity Name<br>CAPITAL TITLE COMPANY OF WEST PALM BEACH |  |                                                                                   |

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Principal Place of Business<br>4400 PGA BLVD<br>STE. 700<br>PALM BEACH GARDENS FL 33410<br>US | Mailing Address<br>4400 PGA BLVD<br>STE. 700<br>PALM BEACH GARDENS FL 33410<br>US |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                    |                    |
|--------------------|--------------------|
| Suite, Apt #, etc. | Suite, Apt #, etc. |
|--------------------|--------------------|

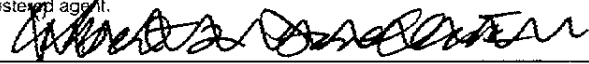
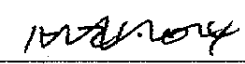
|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                                 |                                             |
|-------------------------------------------------|---------------------------------------------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|-------------------------------------------------|---------------------------------------------|

|                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| DEVELLE, ALBERT L., III<br>4400 PGA BLVD<br>STE. 700<br>PALM BEACH GARDENS FL 33410 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|

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:  DATE: 

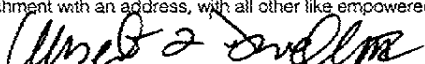
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |                         |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                                              |
|----------------------------|-------------------------|---------------------------------|-------------------------------------------------------|--|--------------------------------------------------------------|
| TITLE                      | PTD                     | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | DEVELLE, ALBERT L., III |                                 | NAME                                                  |  |                                                              |
| STREET ADDRESS             | 34 EDINBURGH DR.        |                                 | STREET ADDRESS                                        |  |                                                              |
| CITY-ST-ZIP                | PALM BEACH GARDENS FL   |                                 | CITY-ST-ZIP                                           |  |                                                              |
| TITLE                      | SD                      | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | DEVELLE, KATHY J.       |                                 | NAME                                                  |  |                                                              |
| STREET ADDRESS             | 34 EDINBURGH DR.        |                                 | STREET ADDRESS                                        |  |                                                              |
| CITY-ST-ZIP                | PALM BEACH GARDENS FL   |                                 | CITY-ST-ZIP                                           |  |                                                              |
| TITLE                      | D                       | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | DEVELLE, DANIEL L.      |                                 | NAME                                                  |  |                                                              |
| STREET ADDRESS             | 34 EDINBURGH DR.        |                                 | STREET ADDRESS                                        |  |                                                              |
| CITY-ST-ZIP                | PALM BEACH GARDENS FL   |                                 | CITY-ST-ZIP                                           |  |                                                              |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                         |                                 | NAME                                                  |  |                                                              |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS                                        |  |                                                              |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP                                           |  |                                                              |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                         |                                 | NAME                                                  |  |                                                              |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS                                        |  |                                                              |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP                                           |  |                                                              |
| TITLE                      |                         | <input type="checkbox"/> Delete | TITLE                                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                         |                                 | NAME                                                  |  |                                                              |
| STREET ADDRESS             |                         |                                 | STREET ADDRESS                                        |  |                                                              |
| CITY-ST-ZIP                |                         |                                 | CITY-ST-ZIP                                           |  |                                                              |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1-21-04 361 6250908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #