2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-03-2006 90376 040 ***150.00
851243

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 851243

1. Entity Name
THE GUARANTEE TITLE AND TRUST COMPANY

Principal Place of Business	Mailing Address
8230 MONTGOMERY RD SUITE 201 CINCINNATI, OH 45236 US	8230 MONTGOMERY RD SUITE 201 CINCINNATI, OH 45236 US

01032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 31-4196950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, JOHN J 325 BELCHER ROAD, N. CLEARWATER, FL 34625	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MONGAN, THOMAS H 8280 MONTGOMERY RD, STE 201 CINCINNATI, OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOGAN, JON P 8280 MONTGOMERY RD, STE 201 CINCINNATI, OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, WILLIAM C 8280 MONTGOMERY RD, STE 201 COLUMBUS, OH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERTSCH, JULIE M 8230 MONTGOMERY RD STE 201 CINCINNATI, OH 45236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JAMES C. DILTZ 5382 W. 95TH ST. Prairie Village, KS 66207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLOMQUIST, HIRAM E 5370 W 95TH STREET PRAIRIE VILLAGE, KS 66207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ENZWEILER, MARY JO 8230 MONTGOMERY ROAD CINCINNATI, OH 45236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 3/31/06 913-383-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # x 1177