

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003067

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: TRUE TITLE, INC.

## Current Principal Place of Business:

1265 W. GRANADA BLVD.  
SUITE 1  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

1265 W. GRANADA BLVD.  
SUITE 1  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

FEI Number: 72-1407076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLANCHARD, ERICA  
3810 ISLAMORADA DR.  
ORMOND BEACH, FL 32176 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HAND, TIMOTHY F  
Address: #1 SEINE COURT, SUITE 304  
City-St-Zip: NEW ORLEANS, LA 70114

Title: V ( ) Delete  
Name: HAND, G. PATRICK JR.  
Address: #1 SEINE COURT, SUITE 304  
City-St-Zip: NEW ORLEANS, LA 70114

Title: S ( ) Delete  
Name: HAND, G. PATRICK III  
Address: #1 SEINE COURT, SUITE 304  
City-St-Zip: NEW ORLEANS, LA 70114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERICA BLANCHARD

MGR

01/05/2005

Electronic Signature of Signing Officer or Director

Date