

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90007 001 ***158.75

DOCUMENT # F03000003288

1. Entity Name
LIGHTHOUSE TITLE AGENCY, INC.



Principal Place of Business
**4801 EAST INDEPENDENCE BLVD.
SUITE 307
CHARLOTTE, NC 28212**

Mailing Address
**4801 EAST INDEPENDENCE BLVD.
SUITE 307
CHARLOTTE, NC 28212**

54054438



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062003 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

Name **JANE E. Powell**

Street Address (P.O. Box Number is Not Acceptable)

1212 Versant Drive #301

City **Brandon**

FL

Zip Code **33511**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/11/04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP -
LAMB, W. BRADLEY
9721 NORTH DOWNS LANE
HUNTERSVILLE, NC 28078** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
BURCHFIELD, BRUCE W
4801 EAST INDEPENDENCE BLVD.
CHARLOTTE, NC 28212** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
BURCHFIELD, BRIAN J
4801 EAST INDEPENDENCE BLVD.
CHARLOTTE, NC 28212** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
: ☐ 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04
Date

784971-4646
Daytime Phone #