

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90058 001 ***150.00

DOCUMENT # F04000002332

1. Entity Name

FIRST NATIONAL TITLE INSURANCE AGENCY, INC.



Principal Place of Business

2014-A INDUSTRIAL DRIVE
ANNAPOLIS MD 21401

Mailing Address

2014-A INDUSTRIAL DRIVE
ANNAPOLIS MD 21401

2. Principal Place of Business

703 Bestgate Road
Suite, Apt. #, etc.
Ste 200

City & State
Annapolis MD

Zip Country
21401 US

3. Mailing Address

703 Bestgate Road
Suite, Apt. #, etc.
Ste 200

City & State
Annapolis MD

Zip Country
21401 US



1st MOORE

CR2E034 (10/04)

4. FEI Number

52-2316379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STIVERS, H B
245 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

245 EAST VIRGINIA STREET

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE PS ☐ Delete
NAME BURNS, CRISY
STREET ADDRESS 2014-A INDUSTRIAL DRIVE
CITY-ST-ZIP ANNAPOLIS MD 21401

TITLE VT ☒ Delete
NAME SMITH, CHAD
STREET ADDRESS 2014-A INDUSTRIAL DRIVE
CITY-ST-ZIP ANNAPOLIS MD 21401

TITLE CD ☐ Delete
NAME RUBERT, SUSAN M
STREET ADDRESS 2014-A INDUSTRIAL DRIVE
CITY-ST-ZIP ANNAPOLIS MD 21401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 703 Bestgate Road, Ste 200
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME SUSAN M CLEMENTS
STREET ADDRESS 703 Bestgate Road, Ste 200
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan M Clements
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05

Date

410 571 6111

Daytime Phone #