

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006895

FILED
Feb 01, 2005
Secretary of State

Entity Name: TRIDENT TITLE AGENCY, INC.

Current Principal Place of Business:

3551 BONITA BAY BLVD., STE. 100
BONITA SPRINGS, FL 34134

New Principal Place of Business:

3551 BONITA BAY BLVD
SUITE 100
BONITA SPRINGS, FL 34134

Current Mailing Address:

1000 SOUTH CLEVELAND-MASSILLON RD.,STE. 12
AKRON, OH 44333

New Mailing Address:

1000 SOUTH CLEVELAND-MASSILLON RD.
SUITE 12
AKRON, OH 44333

FEI Number: 34-1801619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCANALLEN, DANIEL F
3551 BONITA BAY BLVD., STE. 100
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

MCANALLEN, DANIEL F
3551 BONITA BAY BLVD.
SUITE 100
BONITA SPRINGS, FL 34134 US

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:

02/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CONNOLLY, STEVEN P
Address: 1000 SOUTH CLEVELAND-MASSILLON RD. STE. 12
City-St-Zip: AKRON, OH 44333

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: CONNOLLY, STEVEN P
Address: 1000 SOUTH CLEVELAND-MASSILLON RD. SUTE 12
City-St-Zip: AKRON, OH 44333

Title: ST () Change (X) Addition
Name: POLLAUF, LAURA A
Address: 4444 WYNDHAM WAY
City-St-Zip: COPLEY, OH 44321

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: STEVEN P CONNOLLY

CP

02/01/2005

Electronic Signature of Signing Officer or Director

Date