

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90041 039 \*\*\*158.75

**DOCUMENT # F64742**  
 1. Entity Name  
 ALDAY/DONALSON TITLE COMPANY, INC.



Principal Place of Business      Mailing Address  
 2004 OAKWOOD KNOLL CT      2004 OAKWOOD KNOLL CT  
 VALRICO, FL 33594      VALRICO, FL 33594

**DO NOT WRITE IN THIS SPACE**

40097080



02022007    No Chg-P    CR2E034 (11/05)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>59-2164749      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
 MUSIAL, A J JR      ADDRESS CORRECTION  
 4830 W. KENNEDY BLVD.      1211 W. FLETCHER AVE  
 SUITE 750      Tampa, Fl 33602  
 TAMPA, FL 33609

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>ALDAY, THOMAS T JR<br>2004 OAKWOOD KNOLL COURT<br>VALRICO, FL 33594 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDS<br>DONALSON, RONALD M<br>18341 BURNISTON<br>TAMPA, FL 33647           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:** \_\_\_\_\_ **CEO**      4/18/07      813 985-7006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #