


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

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



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

Mailing Address
 2004 OAKWOOD KNOLL CT
 VALRICO, FL 33594



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2164749

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MUSIAL, A J JR
 1211 W FLETCHER AVE
 TAMPA, FL 33602

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE CD
 NAME ALDAY, THOMAS T JR
 STREET ADDRESS 2004 OAKWOOD KNOLL COURT
 CITY-ST-ZIP VALRICO, FL 33594

TITLE PDS
 NAME DONALSON, RONALD M
 STREET ADDRESS 18341 BURNISTON
 CITY-ST-ZIP TAMPA, FL 33647

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U00000863544
 04/09/08-80053-020 158.75

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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: Thomas T. Alday 3/18/08 813 985 7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #