

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # F95000003177**

1. Entity Name  
**FIRST FIDELITY TITLE, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 12 AM 11:40

Principal Place of Business  
**24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134**

Mailing Address  
**24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134**



08222005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3321774</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HASTINGS, VIVIEN N 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADELMAN, STEVEN C 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800059740378</b> <b>09/19/05--01046--006 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HASTINGS, VIVIEN N 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARKEY, JERRY L 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBERG, MICHAEL 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT DIETZ, JAMES P 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELSEY, PATRICIA A 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: James D. Cullen James D. Cullen, Vice President/Asst. Secretary **8-15-05** **239-448-8544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Additional Officers – First Fidelity Title, Inc.  
Document #F95000003177  
2005 For Profit Corporation  
Amended Annual Report

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: V <input checked="" type="checkbox"/> DELETE NAME: RONNIE EVANS STREET ADDRESS: 24301 Walden Center Drive CITY-ST-ZIP: Bonita Springs, Florida 34134	TITLE: DP <input checked="" type="checkbox"/> ADDITION NAME: DAVID L. FRY STREET ADDRESS: 24301 Walden Center Drive CITY-ST-ZIP: Bonita Springs, Florida 34134
TITLE: V NAME: JAMES D. CULLEN STREET ADDRESS: 24301 Walden Center Drive CITY-ST-ZIP: Bonita Springs, FL 34134	TITLE: VAS <input checked="" type="checkbox"/> CHANGE NAME: JAMES D. CULLEN STREET ADDRESS: 24301 Walden Center Drive CITY-ST-ZIP: Bonita Springs, Florida 34134
TITLE: V <input checked="" type="checkbox"/> DELETE NAME: JAMES F. TAYLOR STREET ADDRESS: 24301 Walden Center Drive CITY-ST-ZIP: Bonita Springs, Florida 34134	TITLE: VT <input checked="" type="checkbox"/> ADDITION NAME: ERNEST J. SCHEIDEMANN STREET ADDRESS: 24301 Walden Center Drive CITY-ST-ZIP: Bonita Springs, Florida 34134
TITLE: V NAME: MARYANN NANCE STREET ADDRESS: 24301 Walden Center Drive CITY-ST-ZIP: Bonita Springs, Florida 34134	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: AS NAME: SYLVIA KEITH STREET ADDRESS: 24301 Walden Center Drive CITY-ST-ZIP: Bonita Springs, Florida 34134	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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