

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90084 016 \*\*\*150.00

**14000535**



01152004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F98000000350</b>	
1. Entity Name <b>FIRST AMERICAN NATIONAL FINANCIAL GROUP, INC.</b>	



Principal Place of Business <b>300 S. ORANGE AVE, 15TH FL ORLANDO, FL 32801 US</b>	Mailing Address <b>8280 UTICA AVE 200 RANCHO CUCAMONGA, CA 91730 US</b>
---	--

2. Principal Place of Business <b>101 SOUTH HALL LANE</b> Suite, Apt. #, etc. <b>400</b> City & State <b>MAITLAND, FL</b> Zip <b>32751</b> Country <b>US</b>	3. Mailing Address <b>8280 UTICA AVE.</b> Suite, Apt. #, etc. <b>200</b> City & State <b>RANCHO CUCAMONGA CA</b> Zip <b>91730</b> Country <b>US</b>
--	---

4. FEI Number <b>72-1528933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HERNANDEZ, YESENIA 300 S. ORANGE AVE, 15TH FL ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>101 SOUTH HALL LANE</b> <b>SUITE 400</b> City <b>MAITLAND</b> FL Zip Code <b>32751</b>
---	--

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCSD HOLGOSN, ANTOINETTE 5673 BONITA AVENUE RANCHO CUCAMONGA, CA 91737</b> <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	<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	<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	<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	<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	<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: [Signature] **3/16/04 (909) 944-5525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #