

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90049 008 ***150.00

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01262005 Chg-P CR2E034 (10/03)

4. FEI Number
94-3031790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DERAY, CRAIG I	
STREET ADDRESS	1 FIRST AMERICAN WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LAMSON, JOHN C	
STREET ADDRESS	150 2ND AVE. NORTH, SUITE 1600	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DEGIORGIO, KENNETH E	
STREET ADDRESS	1 FIRST AMERICAN WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KENNEDY, PARKER S	
STREET ADDRESS	1 FIRST AMERICAN WAY	
CITY-ST-ZIP	SANTA ANA, CA 92707	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZINDA, CRAIG	
STREET ADDRESS	8435 N. STEMMONS FREEWAY	
CITY-ST-ZIP	DALLAS, TX 75247	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDO, BARRY M	
STREET ADDRESS	1 FIRST AMERICAN WAY	
CITY-ST-ZIP	DALLAS, TX 75247	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/05