
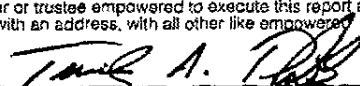


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # G12226		
1. Entity Name TROPICAL TITLE INSURANCE AGENCY, INC.		
Principal Place of Business 660 9TH STREET NORTH SUITE 3 NAPLES, FL 34102 US		Mailing Address 660 9TH STREET NORTH SUITE 3 NAPLES, FL 34102 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PHILLIPS, SIMONE Q660 9TH STREET NORTH STE. 3 NAPLES, FL 34102		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000144553 04/30/04-80137-001 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	PHILLIPS, SIMONE	
STREET ADDRESS	660 9TH ST. N. STE. 3	
CITY- ST- ZIP	NAPLES, FL 34102	
TITLE	V	
NAME	PHILLIPS, TIMOTHY ALAN	
STREET ADDRESS	660 9TH ST. N. STE. 3	
CITY- ST- ZIP	NAPLES, FL 34102	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
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)(f), 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 empowers.		
SIGNATURE: 		4/29/04 239-434-2065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

Timothy A. Phillips