


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-16-2005 90002 020 ***150.00
G49941

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G49941 1. Entity Name INVESTOR'S TITLE AND GUARANTY CORPORATION																																					
Principal Place of Business 7700 N KENDALL DRIVE STE 304 MIAMI, FL 33156 US			Mailing Address 7700 N KENDALL DRIVE STE 304 MIAMI, FL 33156 US																																		
2. Principal Place of Business		3. Mailing Address																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip	Country	Zip	Country																																		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																		
SHAUGHNESSY, MICHAEL W. 7700 N KENDALL DRIVE STE 304 MIAMI, FL 33156			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) <small>Signature, typed or printed name of registered agent and state if applicable.</small>																																					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					
<div style="text-align: right;"> 4-25-05 <small>Date Daytime Phone #</small> </div>																																					



05092005 Chg-P CR2E034 (10/03)

4. FEI Number **59-2326896** Applied For ☐ Not Applicable ☐

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