2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# G96791

Entity Name: FLORIDA TITLE AGENCY, INC.

Current Principal Place of Business:

200 LAURA ST.
P.O.BOX 240
JACKSONVILLE, FL 32202

New Principal Place of Business:

ONE INDEPENDENT DRIVE, SUITE 1300
P.O.BOX 240
JACKSONVILLE, FL 32202

Current Mailing Address:

200 LAURA ST.
P.O.BOX 240
JACKSONVILLE, FL 32202

New Mailing Address:

ONE INDEPENDENT DRIVE, SUITE 1300
P.O.BOX 240
JACKSONVILLE, FL 32202

FEI Number: 59-2401477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOTZIA, EMERSON M
200 LAURA ST.
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

LOTZIA, EMERSON M
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: 01/06/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOTZIA, EMERSON M
Address: 200 LAURA STREET
City-St-Zip: JACKSONVILLE, FL

Title: SD ( ) Delete
Name: COMMANDER, CHARLES E, .
Address: 200 LAURA ST.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOTZIA, EMERSON M
Address: ONE INDEPENDENT DRIVE, SUITE 1300
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD (X) Change ( ) Addition
Name: COMMANDER, CHARLES E, .
Address: ONE INDEPENDENT DRIVE, SUITE 1300
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMERSON M. LOTZIA PD 01/06/2005
Electronic Signature of Signing Officer or Director — Date