


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J32867 1. Entity Name PROVIDENCE TITLE INSURANCE CORP. |  |
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| | |
|--|--|
| Principal Place of Business 8220 STATE ROAD 84 STE 302 DAVIE, FL 33324 | Mailing Address 8220 STATE ROAD 84 STE 302 DAVIE, FL 33324 |
|--|--|

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-2736009 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KRACOFF, ELLEN K.
8220 STATE ROAD 84
SUITE 302
DAVIE, FL 33324**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDV KRACOFF, ELLEN K. 5318 SW 86TH WAY COOPER CITY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST KRACOFF, ELLEN 5318 SE 86TH WAY COOPER CITY, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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04/07/05-80026-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/1/05
Date

954-474-0101
Daytime Phone #