


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J43903</b> 1. Entity Name FLORIDA TITLE ASSOCIATES, INC.			
Principal Place of Business 6215 WILSON BLVD. JACKSONVILLE, FL 32210 US		Mailing Address 6215 WILSON BLVD. SUITE 610 JACKSONVILLE, FL 32210 US	
<b>DO NOT WRITE IN THIS SPACE</b>		04262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2739831 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  BURPEE, A.L. JR. 6215 WILSON BLVD. JACKSONVILLE, FL 32210		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	CD		
NAME	TOWERS, C.D. JR.		
STREET ADDRESS	6215 WILSON BLVD.		
CITY- ST- ZIP	JACKSONVILLE, FL 32210		
TITLE	PD		
NAME	BURPEE, A.L. JR.		
STREET ADDRESS	6215 WILSON BLVD.		
CITY- ST- ZIP	JACKSONVILLE, FL 32210		
TITLE	DV		
NAME	JAMES, H.R. SR.		
STREET ADDRESS	6215 WILSON BLVD.		
CITY- ST- ZIP	JACKSONVILLE, FL 32210		
TITLE	VSD		
NAME	BRANNEN, W.M.		
STREET ADDRESS	6215 WILSON BLVD.		
CITY- ST- ZIP	JACKSONVILLE, FL 32210		
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)(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: <u>W.M. Brannen</u> <u>W.M. Brannen</u> <u>4-29-05</u> <u>904-778-1888</u>		Date Daytime Phone #	