


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J43903</b> 1. Entity Name FLORIDA TITLE ASSOCIATES, INC.	
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Principal Place of Business  
6215 WILSON BLVD.  
JACKSONVILLE, FL 32210 US

Mailing Address  
6215 WILSON BLVD.  
SUITE 610  
JACKSONVILLE, FL 32210 US



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2739831	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BURPEE, A.L. JR.  
6215 WILSON BLVD.  
JACKSONVILLE, FL 32210

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000558069  
05/17/06-80079-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOWERS, C.D. JR. 6215 WILSON BLVD. JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURPEE, A.L. JR. 6215 WILSON BLVD. JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JAMES, H.R. SR. 6215 WILSON BLVD. JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRANNEN, W.M. 6215 WILSON BLVD. JACKSONVILLE, FL 32210
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

*A.L. Burpee, Jr.* 4-28-06 904-778-1888