


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J68726 1. Entity Name QUALITY TITLE & GUARANTY CO., INC. |  |
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|---|---|
| Principal Place of Business 1519 W BROADWAY OVIEDO, FL 32765 US | Mailing Address PO BOX 620337 OVIEDO, FL 32762 US |
|---|---|



01052005 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 59-2812786 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent CLONINGER, EVELYN W. 1519 WEST BROODWAY OVIEDO, FL 32765 |
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD CLONINGER, EVELYN W. 652 PINE AVE OVIEDO, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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1100000195633
01/26/05-60134-023 150.00

**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 a like or like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05 402-355696
Date Daytime Phone #