


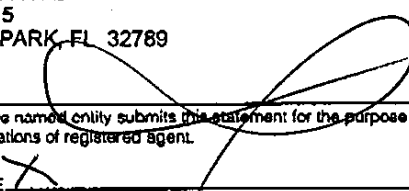
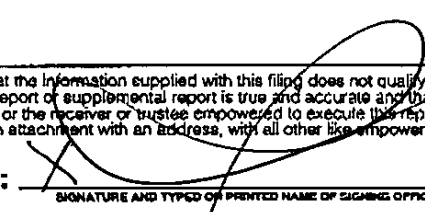
FROM : GLORIA ROBINSON CPA

FAX NO. : 407+650 3040

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90295 047 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J89978		
1. Entity Name ORLANDO TITLE AND ABSTRACT OF FLORIDA, INC.		
Principal Place of Business 2699 LEE ROAD SUITE 515 WINTER PARK, FL 32789		Mailing Address 2699 LEE ROAD SUITE 515 WINTER PARK, FL 32789
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MUSSELWHITE, STEPHANIE 2699 LEE ROAD SUITE 515 WINTER PARK, FL 32789		4. FEI Number 59-2854419 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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's signature required when rechartering)</small>		Applied For Not Applicable
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	PD MUSSELWHITE, STEPHANIE 2140 LAKE VILMA DRIVE ORLANDO, FL 32835	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

Rosan G. Calabello, CPA

P.O. Box 2002

Winter Park, Florida 32790-2002

OFFICE (407) 679-1040

FAX (407) 386-8455

attachment

50050954
J89978

-- Fax Cover Sheet --

Date: April 29, 2005
To: Stephanie Musslewhite
Fax: 407-629-7808
From: Rosan Calabello
Pages: 3 (Including cover sheet)
Subject: FLORIDA ANNUAL REPORT

Hello Stephanie,

I know that you are very busy today!

**I just wanted to fax you the Florida Annual Report that needs to
by post marked by MAY 1, 2005.**

If you haven't sent it in you can:

- 1. SIGN the attached form**
- 2. Make a CHECK out to Division of Corporations for \$150**
- 3. MAIL TO:** Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

The penalty for late filing is \$550

I'll call you next week for an appointment.