

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # K32084

1. Entity Name
TITLE & ABSTRACT AGENCY OF AMERICA, INC.



Principal Place of Business
**8405 BENJAMIN ROAD
SUITE J
TAMPA, FL 33634-1217 US**

Mailing Address
**8405 BENJAMIN ROAD
SUITE J
TAMPA, FL 33634-1217 US**

DO NOT WRITE IN THIS SPACE



08112004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-2511247

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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

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

(NOTE: Registered Agent signature required when retaking)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
PASCHEN, TOM E
28745 WALNUT GROVE
MISSION VIEJO, CA 92692**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
SHAPIRO, GERALD M
1166 W NEWPORT CENTER DR., STE 310
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
FISHMAN, BARRY S
20803 BISCAYNE BLVD, STE 300
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KREISMAN, DAVID S
4201 LAKE COOK ROAD
NORTHBROOK, IL 60062**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
LITT, SHARON M
4505 WOODLAND CORP BLVD
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000170090
08/13/04-80004-005 150.00

**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 19.07(3)(f), 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 #

GERALD M. SHAPIRO, Director, 8-12-04 847-251-9100