

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2005 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

05312005 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 all other like empowered.

SIGNATURE: *David S. Kreisman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. KREISMAN, Director 5/31/05

Date

Daytime Phone #

**847-291-
9100**