


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L46803 1. Entity Name FIRST NATIONWIDE TITLE COMPANY	
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Principal Place of Business 1206 MILLENNIUM PARKWAY SUITE 2000 BRANDON, FL 33511 US	Mailing Address P.O. BOX 2638 BRANDON, FL 33509-2638 US
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04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3085562	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SULLIVAN, JOHN E. 1206 MILLENNIUM PARKWAY SUITE 2000 BRANDON, FL 33511
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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 _____
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, 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	DPST SULLIVAN, JOHN E. 1206 MILLENNIUM PARKWAY, SUITE 2000 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SULLIVAN, KAY B. 1206 MILLENNIUM PARKWAY, SUITE 2000 BRANDON, FL 33511
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05/05/05-80065-001 155.00

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

813 681 3480

Date

Daytime Phone #