

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M85983

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: TRI COUNTY TITLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8660 COLLEGE PARKWAY  
SUITE 200  
FT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

1502 W FLETCHER AVENUE  
STE 101  
TAMPA, FL 33612 US

**New Mailing Address:**

FEI Number: 52-1577950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARR, JAMES G  
1502 W FLETCHER AVENUE  
STE 101  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEYGANT, DENA E  
Address: 4901 NEAL ROAD  
City-St-Zip: FORT MYERS, FL 33905

Title: VTSD ( ) Delete  
Name: FARR, JAMES G  
Address: 1502 W FLETCHER AVENUE STE 101  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CTSD (X) Change ( ) Addition  
Name: FARR, JAMES G  
Address: 1502 W FLETCHER AVENUE STE 101  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. FARR

C

04/13/2005

Electronic Signature of Signing Officer or Director

Date