

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009693

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: ATIMA TITLE SERVICES, INC.

## Current Principal Place of Business:

685 ROYAL PALM BEACH BLVD  
STE 104  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 210686  
ROYAL PALM BEACH, FL 33421

## New Mailing Address:

FEI Number: 65-0982398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONESCALCHI, RICHARD J  
6894 LAKE WORTH ROAD  
SUITE 203  
LAKE WORTH, FL 33467 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: PSTD ( ) Delete  
Name: OLLIS, BRUCE M  
Address: 958 HICKORY TRAIL  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: LUPARDO, MATTHEW F  
Address: 1331 PERIWINKLE PL  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: JAMES, DEBBIE  
Address: 801 SW 8TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRUCE OLLIS

P

04/19/2004

Electronic Signature of Signing Officer or Director

Date