

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032669

Entity Name: ESQUIRE TITLE RESEARCH, INC.

FILED
Feb 14, 2005
Secretary of State

Current Principal Place of Business:

5598 GRANDE LAGOON CT
PENSACOLA, FL 32507

New Principal Place of Business:

17 WEST GOVERNMENT STREET
SUITE A
PENSACOLA, FL 32502

Current Mailing Address:

5598 GRANDE LAGOON CT
PENSACOLA, FL 32507

New Mailing Address:

17 WEST GOVERNMENT STREET
SUITE A
PENSACOLA, FL 32502

FEI Number: 59-3641648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, VICKI H
4019 HIGHWAY 297A
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

CAMPBELL, VICKI H
11929 LONGWOOD DRIVE
PENSACOLA, FL 32507 US

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:

02/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, VICKI
Address: 5598 GRANDE LAGOON CT
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAMPBELL, VICKI
Address: 11929 LONGWOOD DRIVE
City-St-Zip: PENSACOLA, FL 32507

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: VICKI H. CAMPBELL

D

02/14/2005

Electronic Signature of Signing Officer or Director

Date