

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90432 017 ***150.00

DOCUMENT # P01000004893 1. Entity Name TE DEUM TITLE COMPANY																											
Principal Place of Business 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602		Mailing Address 400 NORTH ASHLEY PLAZA SUITE 3000 TAMPA, FL 33602																									
2. Principal Place of Business 3702 WEST KENNEDY BLVD		3. Mailing Address P.O. Box 24269																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State TAMPA, FLORIDA		City & State TAMPA FLORIDA																									
Zip 33609		Zip 33623																									
Country 		Country 																									
4. FEI Number 59-3708526		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MIKES, JAMES R. 400 NORTH ASHLEY PLAZA, SUITE 3000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3702 WEST KENNEDY BLVD City TAMPA F FL Zip Code 33609																									
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 <u><i>James R. Mikes</i></u> JAMES R. MIKES 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MIKES, JAMES R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>400 NORTH ASHLEY PLAZA, SUITE 3000</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> </table>		TITLE	PST	<input type="checkbox"/> Delete	NAME	MIKES, JAMES R		STREET ADDRESS	400 NORTH ASHLEY PLAZA, SUITE 3000		CITY-ST-ZIP	TAMPA, FL 33602		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3702 WEST KENNEDY BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FLORIDA 33609</td> <td></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			STREET ADDRESS	3702 WEST KENNEDY BLVD		CITY-ST-ZIP	TAMPA, FLORIDA 33609	
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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: <u><i>James R. Mikes</i></u> JAMES R. MIKES 4-29-04 813-495-4544 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											