

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000028076

1. Entity Name
THE TITLE GROUP OF CENTRAL FL., INC.



Principal Place of Business
535 N. FERNCREEK AVE.
ORLANDO, FL 32803

Mailing Address
535 N. FERNCREEK AVE.
ORLANDO, FL 32803



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3705344

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBB, JOHN F
4916 CALLE DE SOL
ORLANDO, FL 32819

**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 John F. Cobb
Signature, typed or printed name of registered agent and title if applicable

John F. Cobb
(NOTE: Registered Agent signature required when reinstating)

3-22-05
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	PD
NAME	COBB, JOHN F
STREET ADDRESS	4916 CALLE DE SOL
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	SD
NAME	O'BRYAN, MARCIA K
STREET ADDRESS	535 N. FERNCREEK AVENUE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	TD
NAME	PERRY, SUSAN
STREET ADDRESS	140 ALEXANDRIA BLVD. SUITE A
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/25/05-80008-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title empowered.

SIGNATURE:

John F. Cobb

3-22-05 407-447-1983