


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000028076</b> 1. Entity Name <b>THE TITLE GROUP OF CENTRAL FL., INC.</b>	
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Principal Place of Business <b>535 N. FERNCREEK AVE. ORLANDO, FL 32803</b>	Mailing Address <b>535 N. FERNCREEK AVE. ORLANDO, FL 32803</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3705344</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COBB, JOHN F 4916 CALLE DE SOL ORLANDO, FL 32819</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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

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U00000529189  
05/05/06-80068-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John F. Cobb 4-18-06 907-447-1983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #