

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033010

FILED
Feb 18, 2004
Secretary of State

Entity Name: ALL IN THE FAMILY TITLE COMPANY

Current Principal Place of Business:

2420 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

2448 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

2420 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024 US

New Mailing Address:

2448 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024 US

FEI Number: 65-1093785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERR, CYNTHIA L ESQ
2420 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024

Name and Address of New Registered Agent:

SHERR, CYNTHIA L ESQ
2448 N. UNIVERSITY DR.
PEMBROKE PINES, FL 33024

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: CYNTHIA L SHERR

02/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERR, CYNTHIA
Address: 2420 N. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: CHAMBLESS, NICOLE
Address: 2420 N. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DVP () Delete
Name: STATMAN, EVAN J
Address: 2420 N. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHERR, CYNTHIA
Address: 2448 N. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S (X) Change () Addition
Name: SMITH, RUTH
Address: 2448 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DVP (X) Change () Addition
Name: STATMAN, EVAN J
Address: 2448 N. UNIVERSITY DR.
City-St-Zip: PEMBROKE PINES, FL 33024

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: CYNTHIA L. SHERR

P

02/18/2004

Electronic Signature of Signing Officer or Director

Date