

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P01000040126

1. Entity Name

K.E.L. TITLE INSURANCE AGENCY, INC.



Principal Place of Business

733 W COLONIAL DRIVE, SUITE 200  
ORLANDO, FL 32804

Mailing Address

733 W COLONIAL DRIVE, SUITE 200  
ORLANDO, FL 32804

FILED

2004 MAY 14 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03052003

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3712272

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KAUFMAN, JEFFREY S JR  
733 W COLONIAL DRIVE, SUITE 200  
ORLANDO, FL 32804

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
Due by September 8, 2004

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	PSD KAUFFMAN, JEFFREY S 8783 CHARLES E LIMPUS RD ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGLETT, MATTHEW S 1104 W YALE ST ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LYND, CRAIG R 1770 GRANGE CIRCLE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300036547433  
05/18/04--01038--020 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

12m  
5/14/04

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:

*Craig Lynd*  
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG LYND

5-11-04

407 786-9888