

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040126

Entity Name: K.E.L. TITLE INSURANCE AGENCY, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

733 W COLONIAL DRIVE, SUITE 200  
ORLANDO, FL 32804

## New Principal Place of Business:

1301 W COLONIAL DRIVE  
ORLANDO, FL 32804

## Current Mailing Address:

733 W COLONIAL DRIVE, SUITE 200  
ORLANDO, FL 32804

## New Mailing Address:

1301 W COLONIAL DR  
ORLANDO, FL 32804

FEI Number: 59-3712272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAUFMAN, JEFFREY S  
733 W COLONIAL DRIVE  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

KAUFMAN, JEFFREY S  
1301 W COLONIAL DRIVE  
ORLANDO, FL 32804 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KAUFMAN, JEFFREY S  
Address: 8783 CHARLES E. LIMPUS ROAD  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete  
Name: ENGLETT, MATTHEW S  
Address: 1104 YALE ST.  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: LYND, CRAIG R.  
Address: 1770 GRANGE CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KAUFMAN, JEFFREY S  
Address: 1301 W COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Change ( ) Addition  
Name: ENGLETT, MATTHEW S  
Address: 1301 W COLONIAL DR  
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Change ( ) Addition  
Name: LYND, CRAIG R.  
Address: 1301 W COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

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: CRAIG R. LYND

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date