


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90258 007 ***150.00

DOCUMENT # P01000048420							
1. Entity Name ALL-PRO TITLE INSURANCE AGENCY, INC.							
Principal Place of Business 15 CYPRESS BRANCH WAY, STE 203 PALM COAST, FL 32164		Mailing Address 15 CYPRESS BRANCH WAY, STE 203 PALM COAST, FL 32164					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3724283			
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Zip	Country	Zip	Country	04092004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GILBBS GAZZOLI NICOLE 15 CYPRESS BRANCH WAY, STE 203 PALM COAST, FL 32164			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GAZZOLI, NICOLE R		NAME	Gazzoli, Nicole R			
STREET ADDRESS	1509 OAK FOREST DR		STREET ADDRESS	15 Cypress Branchway STE 203			
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	Palm Coast FL 32164			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCDERMOTT, SANDRA M		NAME	Mc Dermott, Sandra M			
STREET ADDRESS	8 EAGLE PASS		STREET ADDRESS	8 Eagle Pass			
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	Palm Coast FL 32164			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	S.T. O'Brien, Donald T. Jr			
STREET ADDRESS			STREET ADDRESS	15 Cypress Branch Way STE 203			
CITY-ST-ZIP			CITY-ST-ZIP	Palm Coast FL 32164			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: _____		Nicole R Gazzoli		4-15-04 386-445-2100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			