


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90223 011 \*\*\*550.00

<b>DOCUMENT # P01000066836</b> 1. Entity Name NORTH FLORIDA TITLE COMPANY	
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Principal Place of Business 1695 METROPOLITAN CR SUITE 2 TALLAHASSEE, FL 32308	Mailing Address 1695 METROPOLITAN CR. SUITE 2 TALLAHASSEE, FL 32308
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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05042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3734955	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RIVERS, REBEKAH 1520 KILLERN CENTER BLVD. TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name <u>E. Dylan Rivers</u> Street Address (P.O. Box Number is Not Acceptable) <u>cp Ausley &amp; McMullen</u> <u>227 S. Calhoun St., P.O. Box 391 (32302)</u> City <u>Tallahassee</u> FL Zip Code <u>32301</u>
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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 <u>E. Dylan Rivers</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <u>05/05/05</u>
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RIVERS, REBEKAH 1520 KILLEARN CENTER BLVD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIVERS, EUGENE 1520 KILLEARN CENTER BLVD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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