## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P02000018232

1. Entity Name SOUTHEAST LAND TITLE GROUP, INC.

Principal Place of Business

8000 PETERS ROAD

SUITE A-200 PLANTATION, FL 33324 Mailing Address

8000 PETERS ROAD SUITE A-200 PLANTATION, FL 33324

# **FILED** May 03, 2004 08:00 AM Secretary of State

CR2E034 (10/03)



## DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

-	•
4. FEI Number	Applied For
01-0643856	Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

TAYLOR, MICHAEL 17334 NW 62ND COURT HIALEAH, FL 33015

SIGNATURE

# DO NOT WRITE IN THIS SPACE

No Chg-P

04302004

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 it applicable. (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 Finan Trust Fund Contribution.		cing .	\$5.00 May Be Added to Fees	<del>U00000152788</del> 05/04/04-80101-005 150.00			
10.	OFFICERS AND DIREC	TORS					
TIFLE NAME STREET ADDRESS CITY-ST-ZEP	VD BAUGH, CARL 21150 NE 3RD AVENUE NORTH MIAMI BEACH, FL 33179						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUGH, PAUL 1029 OLIFF WAY OVIEDO, FL 32765						
TITLE NAME STREET ADDRESS CITY-SI-ZIP		7 - 4		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
TITLE NAME STREET ADDRESS 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 attachagent with an address, with all other like empowered.							

ATTORNEY-IN-FACT

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR