

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-28-2005 90040 016 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P02000026776					
1. Entity Name COUNTRYWIDE TITLE COMPANY					
Principal Place of Business 420 W BRANDON BOULEVARD SUITE 202 BRANDON FL 33511			Mailing Address 420 W BRANDON BOULEVARD SUITE 202 BRANDON FL 33511		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 02-0565010	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCANNALLY, WILLIAM H IV 420 W BRANDON BOULEVARD SUITE 202 BRANDON FL 33511			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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CUPPETT, LARRY E		NAME		
STREET ADDRESS	420 W BRANDON BOULEVARD, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MCANNALLY, WILLIAM H IV		NAME		
STREET ADDRESS	420 W BRANDON BOULEVARD, SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LONG, LIVIA		NAME		
STREET ADDRESS	2523 W. DIANA STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33514		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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: _____ 2-24-05 813-653-0772					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

William H. McAnnally, IV