

2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000069737

AMERICAN HERITAGE TITLE COMPANY



Principal Place of Business

4680 LIPSCOMB STREET NE

PALM BAY, FL 32905

SUITE 1

Mailing Address

4680 LIPSCOMB STREET NE

SUITE 1

PALM BAY, FL 32905

FILED Mar 26, 2004 08:00 AM Secretary of State



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 04-3695845

Applied For Not Applicable

5. Certificate of Status Desired

- \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADY, MARK H 515 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952

SIGNATURE:

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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						
S/CNATURE Signature typed or or integrationed agent and late if approache (NOSE Registered Agent signature required whom romstangs) OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS			,	
TOLL MARK STREET KOORESS CITY ST ZIP	PS BRADY, MARK H 515 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952 VT				U00000096751 03/26/04-80011-007 150.00	
DILE NAME STREET ADDRESS CITY ST ZIP	BRADY, ELIZABETH B 515 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952				-	
THE NAME STREET ADDRESS CHY ST ZIF				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY ST ZIF				IN.	THIS SPACE	
TVILE NAME STREET ADDRESS CITY ST ZIF	-					
TITLE NAME STREET ADDRESS CITY ST ZIP						
12. Increby 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 sopplemental 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 flustee 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 jike empowered.						

CER OR DIRECTOR