

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069737

1. Entity Name  
AMERICAN HERITAGE TITLE COMPANY



Principal Place of Business  
4680 LIPSCOMB STREET NE  
SUITE 1  
PALM BAY, FL 32905

Mailing Address  
4680 LIPSCOMB STREET NE  
SUITE 1  
PALM BAY, FL 32905

FILED  
05 APR -1 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03072005 No Chg-P CR2E034 (10/03) 05

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BRADY, MARK H 515 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRADY, ELIZABETH B 515 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952
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04/14/05--01016--004 \*\*158.75

**DO NOT WRITE IN THIS SPACE**

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:

*[Handwritten Signature]* MARK H. BRADY

3/14/05

321-951-0326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #