

## 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

**DO NOT WRITE IN THIS SPACE**

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



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

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

Signature, typed or printed name of registered agent and title if applicable.

(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	PS
NAME	BRADY, MARK H
STREET ADDRESS	515 HIDDEN HOLLOW DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	VT
NAME	BRADY, ELIZABETH B
STREET ADDRESS	515 HIDDEN HOLLOW DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400050751024  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK H. BRADY

3/14/05

321-951-0326

Date

Daytime Phone #