

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2005 OCT 10 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business 846 N Cocoa Blvd Ste C Suite, Apt. #, etc.		3. Mailing Address 846 N Cocoa Blvd Ste C Suite, Apt. #, etc.			
City & State Cocoa Florida		City & State Cocoa Florida		4. FEI Number 04-3695845 04-3695895	
Zip 32922		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADY, MARK H 515 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name Mark H Brady Street Address (P.O. Box Number is Not Acceptable) 846 N Cocoa Blvd Ste C City Cocoa FL Zip Code 32922		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BRADY, MARK H 515 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 500060457315 10/10/05--01078--003 **\$61.25 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BRADY, ELIZABETH B 515 HIDDEN HOLLOW DRIVE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 recorder 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:			10/7/05 Date		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

10/12/05