


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2005 OCT 10 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069737 1. Entity Name AMERICAN HERITAGE TITLE COMPANY	
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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
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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.
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City & State Cocoa Florida	City & State Cocoa Florida		
Zip 32922	Country USA	Zip 32922	Country USA



10052005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3695845 04-3695895	Applied For <input type="checkbox"/> Not Applicable
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 <u>Mark H Brady</u> Street Address (P.O. Box Number is Not Acceptable) 846 N Cocoa Blvd Ste C City <u>Cocoa</u> <u>FL</u> Zip Code <u>32922</u>
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, MARK H	NAME	500060457315
STREET ADDRESS	515 HIDDEN HOLLOW DRIVE	STREET ADDRESS	10/10/05--01078--008 **\$61.25
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, ELIZABETH B	NAME	
STREET ADDRESS	515 HIDDEN HOLLOW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* Date: 10/7/05 Daytime Phone # _____

10/12/05