

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90286 019 \*\*\*150.00

44027258



03252004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000072897</b> 1. Entity Name <b>FEE SIMPLE TITLE AGENCY, INC.</b>					
Principal Place of Business <b>2124 ILLINOIS AVENUE FORT MYERS, FL 33901</b>			Mailing Address <b>2124 ILLINOIS AVENUE FORT MYERS, FL 33901</b>		
2. Principal Place of Business <b>2065 W. First Street</b>		3. Mailing Address <b>2065 W. First Street</b>		4. FEI Number <b>03-0471517</b>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <b>Ft. Myers FL</b>		City & State <b>Ft. Myers FL</b>			
Zip <b>33901</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOOD, KELLI D 1020 EL MAR AVENUE FORT MYERS, FL 33919</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BIGLANE, MICHAEL S</b> <b>5567 SUNRISE DRIVE</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/V/P/S/T/D</b> <b>MICHAEL S. BIGLANE</b> <b>1434 ALHAMBRA, FT MYERS, FL 33901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BIGLANE, MICHAEL S</b> <b>5567 SUNRISE DRIVE</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BIGLANE, MICHAEL S</b> <b>5567 SUNRISE DRIVE</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BIGLANE, MICHAEL S</b> <b>5567 SUNRISE DRIVE</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIGLANE, MICHAEL S</b> <b>5567 SUNRISE DRIVE</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>MICHAEL S. BIGLANE</u> <b>4/2/04</b> <b>(239) 826-7051</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PRESIDENT</b> Date Daytime Phone #					