

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122988

Entity Name: A & N TITLE, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

235 S. MAITLAND AVENUE  
SUITE 204  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

235 S. MAITLAND AVENUE  
SUITE 204  
MAITLAND, FL 32751

## New Mailing Address:

FEI Number: 73-1659271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AUGUSTINE, LOVELLE  
50 MINNEHAHA CIRCLE  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AUGUSTINE, LOVELLE  
Address: 50 MINNEHAHA CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: VSD ( ) Delete  
Name: POZO, BRENDA  
Address: 4250 ENDERS STREET APT 101  
City-St-Zip: ORLANDO, FL 32814

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSD (X) Change ( ) Addition  
Name: POZO, BRENDA  
Address: 1465 WAUKON CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOVELLE AUGUSTINE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date