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Jan 30, 20(
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000130986

1. Entity Name
GOLDEN TITLE, INC.

Principal Place of Business	Mailing Address
7340 NORTH US HWY. 27, STE. 101 OCALA, FL 34482	7340 NORTH US HWY. 27, STE. 101 OCALA, FL 34482

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1643697

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DURRENCE, SAUNDRA
7340 NORTH US HWY. 27, STE. 101
OCALA, FL 34482

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000123467
02/02/04-80026-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DURRENCE, SAUNDRA
STREET ADDRESS	7340 NORTH US HWY. 27, STE. 101
CITY-ST-ZIP	OCALA, FL 34482
TITLE	PS
NAME	DURRENCE, SAUNDRA
STREET ADDRESS	7340 N. US HWY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Saundra Durrence 1/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #