

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002253

FILED
Apr 30, 2004
Secretary of State

Entity Name: A & A TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

19519 EQUESTRIAN LN
DADE CITY, FL 33523

New Principal Place of Business:

6242 GALL BLVD
ZEPHYRHILLS, FL 33542

Current Mailing Address:

19519 EQUESTRIAN LN
DADE CITY, FL 33523

New Mailing Address:

6242 GALL BLVD.
ZEPHYRHILLS, FL 33542

FEI Number: 01-0760855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKINS, PAUL T JR
19519 EQUESTRIAN LN
DADE CITY, FL 33523

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: DVT () Delete
Name: AKINS, PAUL T JR
Address: 19519 EQUESTRIAN LN
City-St-Zip: DADE CITY, FL 33523

Title: DPS () Delete
Name: AKINS, SHEREE' P
Address: 19519 EQUESTRIAN LN
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: AKINS, PAUL T JR
Address: 6242 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DPS (X) Change () Addition
Name: AKINS, SHEREE' P
Address: 6242 GALL BLVD.
City-St-Zip: ZEPHYRHILLS, FL 33542

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: SHEREE' P. AKINS

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date