

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011867

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ALLIANCE TITLE OF THE EAST COAST, INC

## Current Principal Place of Business:

730 E. STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US

## New Principal Place of Business:

## Current Mailing Address:

730 E. STRAWBRIDGE AVE  
MELBOURNE, FL 32901 US

## New Mailing Address:

FEI Number: 85-0488066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEALS, ROBERT L  
730 E. STRAWBRIDGE AVE  
MELBOURNE, FL 32940 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,D ( ) Delete  
Name: CASSELLA, LIZABETH  
Address: 730 E. STRAWBRIDGE AVE  
City-St-Zip: MELBOURNE, FL 32901 US

Title: D ( ) Delete  
Name: MATARAZZO, PATRICIA  
Address: 730 E. STRAWBRIDGE AVENUE  
City-St-Zip: MELBOURNE, FL 32901 US

Title: D ( ) Delete  
Name: BEALS, ROBERT L  
Address: 730 E. STRAWBRIDGE AVENUE  
City-St-Zip: MELBOURNE, FL 32901 US

Title: D ( ) Delete  
Name: SPRAGINS, MICHAEL W  
Address: 730 E. STRAWBRIDGE AVENUE  
City-St-Zip: MELBOURNE, FL 32901 US

Title: D ( ) Delete  
Name: SPRAGINS, STEPHEN H  
Address: 730 E. STRAWBRIDGE AVENUE  
City-St-Zip: MELBOURNE, FL 32901 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LIZ CASSELLA

MM

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date