

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90071 041 ***550.00

DOCUMENT # P03000022543

1. Entity Name
FIRST FLORIDA TITLE PARTNERS, INC.



Principal Place of Business
101 S. WYMORE ROAD, SUITE 224
ALTAMONTE SPRINGS, FL 32714

Mailing Address
101 S. WYMORE ROAD, SUITE 224
ALTAMONTE SPRINGS, FL 32714

54071360



2. Principal Place of Business
101 S. Wymore Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 224

City & State

City & State

Altamonte Sp

Zip

Country

Zip

Country

32714

United States

08302004

Chg-P

CR2E034 (10/03)

4. FEI Number

33104123

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAUMEN, BRUCE
101 S. WYMORE ROAD, SUITE 224
ALTAMONTE SPRINGS, FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAUMEN, BRUCE
STREET ADDRESS 1198 FLORAL WAY
CITY-ST-ZIP APOPKA, FL 32703

☐ Delete

TITLE VD
NAME SEXTON, HELEN
STREET ADDRESS 340 FOREST WAY CIRCLE #202
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04

Date

Daytime Phone #