2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 11 AM 8:00

DOCUMENT # P03000030690

1. Entity Name
COVENANT TITLE, INC.

Principal Place of Business	Mailing Address
120 DEL PRADO BOULEVARD SUITE 4 CAPE CORAL, FL 33990 US	120 DEL PRADO BOULEVARD SUITE 4 CAPE CORAL, FL 33990 US

10022004 Chg-P CR2E034 (10/03) MRI

2. Principal Place of Business	3. Mailing Address
3910 Northdale Blvd #210 Suite, Apt. #, etc.	3910 Northdale Blvd #210 Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33624 Country: USA	Zip: 33624 Country: USA

4. FEI Number: 27-0050984 ☐ 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
BONORA, JOSEPH R 1517 SE 16TH PLACE CAPE CORAL, FL 33990	Name: Robert A Miller Street Address (P.O. Box Number is Not Acceptable): 3910 Northdale Blvd. #210 City: Tampa FL Zip Code: 33624

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: Robert A. Miller 10/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ROBERT A 120 DEL PRADO BOULEVARD CAPE CORAL, FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONORA, JOSEPH 120 DEL PRADO BOULEVARD CAPE CORAL, FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. President	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100041768881 10/11/04--01017--022 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Robert A. Miller Robert A. Miller 10/6/04 (813) 769-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #