2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000032114

1. Entity Name
COLUMBIA TITLE AGENCY, INC.

Principal Place of Business	Mailing Address
1207 N FRANKLIN ST TAMPA, FL 33602 US	1207 N FRANKLIN ST TAMPA, FL 33602 US

DO NOT WRITE IN THIS SPACE

04212006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
56-2330433		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINO, THOMAS S
1207 N FRANKLIN ST
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 $150.00**
After May 1, 2006 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution.   ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINO, THOMAS S
STREET ADDRESS	1207 N FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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NAME	
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CITY-ST-ZIP	

U00000544251
05/11/06-80029-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ President   4-27-06   813-477-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #