2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000032769

1. Entity Name

TRANSCONTINENTAL ESCROW COMPANY



Principal Place of Business

Mailing Address

2605 ENTERPRISE ROAD EAST #300 CLEARWATER, FL 33759 2605 ENTERPRISE ROAD EAST #300 CLEARWATER, FL 33759

FILED Mar 21, 2005 8:00 am Secretary of State

03-21-2005 90085 015 ***150.00

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No Chg-P

CR2E034 (10/03)

4.	. FEI Number							
	20-1085481							

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

_				
6	Name and	Address of	Current	Registered Agent

DO NOT WRITE IN THIS SPACE

TRANSCONTINENTAL TITLE COMPANY C/O IAN GORMAN 2605 ENTERPRISE ROAD EAST #300 CLEARWATER, FL 33759

DO NOT WRITE IN THIS SPACE

OLDAWATEK, 1 E 00100							
	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with	n, and accept	
SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered A	Agent signature	required when reinstating)	DATE		
FIL After M		Campaign Financ nd Contribution.	ing 🔲	\$5.00 May Be Added to Fees	•		
10.	OFFICERS AND DIRECTORS				a		
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CITY-ST-ZIP							
12. I hereby of indicated	ertify that the information supplied with this filing does not on this report or supplemental report is true and accurate a	ualify for the exem	ption stated	d in Section 119.07(3) te the same legal effec	(i), Florida Statutes. I further certify that the	information er or director	

12. Thereby certify that the information supplied with this filling does not quality 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. If the exemption stated in Section 119.07(3)(i), Florida Statutes. If the information that I am an officer or director of the corporation or the receiver of 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. If the exemption is the exemption is the exemption of the exemption is the exemption of the exemption in the exemption of the exemption is the exemption of t

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

MING OFFICER OR DIRECTOR

3/15/05

727-712-9004

Daytime Phone #