


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000037195 1. Entity Name NATIONWIDE TITLE CLEARING, INC. |  |
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| Principal Place of Business 2100 ALTERNATE US 19 N PALM HARBOR, FL 34683 | Mailing Address 2100 ALTERNATE US 19 N PALM HARBOR, FL 34683 |
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01112005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 95-4377427 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent FINLEY, MYRON G ESQ FINLEY, FLETCHER, MEYER & BUTTACI 1221 ROGERS STREET, SUITE B CLEARWATER, FL 33756 |
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HILLMAN, JOHN 2100 ALTERNATE US 19 N PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT NOVITSKY, NORMAN 2100 ALTERNATE US 19 N PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP MARSH, EDWARD E III 2100 ALTERNATE US 19 N PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D TURBIN, ALAN W 2100 ALTERNATE US 19 N PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S FINLEY, MYRON G 413 CLEVELAND ST CLEARWATER, FL 33755 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KUGLER, TODD 2100 ALTERNATE U.S. 19 N. PALM HARBOR, FL 34683 |

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01/24/05-80179-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:  **1/11/05 727 771 4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #