


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000064670 1. Entity Name MT. VERNON TITLE COMPANY	
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Principal Place of Business 7601 EAST TREASURE DRIVE SUITE 1701 NORTH BAY VILLAGE, FL 33141	Mailing Address 7601 EAST TREASURE DRIVE SUITE 1701 NORTH BAY VILLAGE, FL 33141
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DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0038117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZORRILLA, JUAN C
2200 SOUTH DIXIE HWY STE 705
MIAMI, FL 33133

**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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARDS, RANDOLPH 3907 GREENWAY BALTIMORE, MD 21218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSP ZORRILLA, JUAN C. 2200 SOUTH DIXIE HWY STE 705 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STECCO, PATSY 7601 EAST TREASURE DRIVE, # 1702 NORTH BAY VILLAGE, FL 33141
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04/25/05-80095-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Patsy Stecco* 4/22/05 305-861-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #