2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Jul 26, 2004 8:00 am Secretary of State

Mailing Address St50 TAMAMI TRAIL NORTH ST50 TAMAMI TRAIL NORTH ST50 TAMAMI TRAIL NORTH ST50 TAMAMI TRAIL NORTH ST2 NAPLES, FL 34103	1. Entity Name AFFILIATED COLLIER TITLE INSURANCE AGENCY, INC.				07	-26-2004 90006 035 *	**550.00	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. O7212004 Chg.P CR2E034 (10/03) Chly & State Chy & State Chy & State A. FEI Number Sport Applied For Name and Address of Current Registered Agent S. Certificate of Status Desired \$8.75 - OR \$3.75	5150 TAMIAMI TRAIL NORTH 302		5150 TAMIAMI TRAIL NORTH 302					
City & State Country Country Country Country Country Country S. Certificate of Status Desired See Required Fee Required	2. Principal Place of Business		3. Mailing Address					
Country Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07212004 Chg-F	CR2E034 (10/03)	
20	City & State		City & State					
NAME STEET ADMENS	Zip	Country	Zip	- Country		esired \$8.75 A		
Name	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code								
S. 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 namiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOWNII FEE 1S \$55.0.00 Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTS HULCE, JERRY T STREET ADDRESS FINE ADMINISTRATIA NORTH #302 NAME STREET ADDRESS CITY-ST-2P NAME STREET ADDRESS CITY-ST-2P TITLE NAME ST	5150 TAMIAMI TRAÎL NORTH			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Picrida. I am familiar with, and accept the obligations of registered agent. Signature	NAPLES, FL 34103			City		—. 7:- 0-	do	
SIGNATURE FILE NOWITI FEE IS \$55.00 9. Election Campaign Financing NOTE Regulatoret Agent and received when remarking) DATE					stered agent, or both, in the Sta	<u> </u>		
FILE NOW!!! FEE IS \$550.00 P. Election Campaign Financing Added to Fees						as sirising. Familianing in	i, and assept	
Note	SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Regislered Agent signature requ	uired when reinstating)	DATE		
TITLE PTS	; D	ue by September 8, 2004	Trust Fund Contr				,	
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rhereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. Flurther 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 eath; 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.