2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071689

Entity Name: TITLE RESOURCES OF GAINESVILLE, INC.

FILED Jan 18, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
3520 NW 4 GAINESVI	43RD ST LLE, FL 32606						
Current Mailing Address:				New Mailing Address:			
3520 NW 4 GAINESVI	43RD ST LLE, FL 32606						
FEI Number:	: 20-0061407	FEI Number Applied For ()	FEI Num	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agent:	
PREVETT, KATHY 3520 NW 43RD ST GAINESVILLE, FL 32606 US				PREVATT, KATHY 3520 NW 43RD ST GAINESVILLE, FL 32606 US			
	named entity see of Florida.	ubmits this statement for the p	urpose of	f changing i	ts registered o	ffice or registered agent, or both,	
SIGNATURE: KATHY PREVATT					01/18/2005		
	Electroni	c Signature of Registered Age	nt			Date	
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/D () PREVATT, KATH 8712 NW 35TH GAINESVILLE, F	LANE		Title: Name: Address: City-St-Zip:	P/D (X) PREVATT, KAT P. O. BOX 1400 GAINESVILLE,	095	
Title: Name: Address: City-St-Zip:	VP/D () SWEET, VIRGIN 5745 SW 75TH GAINESVILLE, F	STREET #234		Title: Name: Address: City-St-Zip:	VP/D (X) MARTIN, GREG 6111 SW 85TH GAINESVILLE,	ST.	
Title: Name: Address: City-St-Zip:	D () DELANEY, PHIL 429 NW 24TH S GAINESVILLE, F	TREET		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP/D () RAABE, CHARL 160 ANNA GOO LATROBE, PA	DDMAN ROAD	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	S () EFFEREN, SHE 504 NW 93RD GAINESVILLE,	WAY	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY PREVATT P 01/18/2005