

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077287

FILED
Apr 01, 2005
Secretary of State

Entity Name: LEGAL TITLE AGENCY, INC.

Current Principal Place of Business:

442 GRACE AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

1008 HARRISON AVENUE
PANAMA CITY, FL 32401 US

Current Mailing Address:

442 GRACE AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

1008 HARRISON AVENUE
PANAMA CITY, FL 32401 US

FEI Number: 06-1710166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLORY, SHERRI D
442 GRACE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MALLORY, SHERRI D
1008 HARRISON AVENUE
PANAMA CITY, FL 32401 US

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.

SIGNATURE: SHERRI D. MALLORY

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALLORY, SHERRI D
Address: 1330 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VPD () Delete
Name: MALLORY, PETER A
Address: 1330 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VPSD (X) Delete
Name: WARNER, TIMOTHY M
Address: 4515 NORTSHORE ROAD
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP D (X) Delete
Name: WARNER, WILLIAM G
Address: 2916 KINGS HARBOUR ROAD
City-St-Zip: PANAMA CITY, FL 32405 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERRI D. MALLORY

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04/01/2005

Electronic Signature of Signing Officer or Director

Date