

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90269 010 ***150.00

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1. Entity Name
COMPASS TITLE INSURANCE AGENCY, INC.

Principal Place of Business
**222 EAST 4TH ST
PANAMA CITY, FL 32401**

Mailing Address
**222 EAST 4TH ST
PANAMA CITY, FL 32401**

54043391



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-P CR2E034 (10/03)

4. FEI Number

91-2198149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TUCKER, CHARLES G
222 EAST 4TH ST
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TUCKER, CHARLES G
STREET ADDRESS 222 EAST 4TH ST
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D ☐ Delete
NAME DUBOSE, E.A.
STREET ADDRESS 222 EAST 4TH ST
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D ☐ Delete
NAME CAMPBELL, TROY R
STREET ADDRESS 222 EAST 4TH ST
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D ☐ Delete
NAME CAMPBELL, TIMOTHY C
STREET ADDRESS 222 EAST 4TH ST
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D ☐ Delete
NAME JONES, NEIL
STREET ADDRESS 222 EAST 4TH ST
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04 850.215-3826