

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080291

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: COMPASS TITLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

222 EAST 4TH ST  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

222 EAST 4TH ST  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number: 91-2198149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CAMPBELL, TIMOTHY C  
222 EAST 4TH ST  
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: TIMOTHY C CAMPBELL

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D (X) Delete  
Name: TUCKER, CHARLES G  
Address: 222 EAST 4TH ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: DUBOSE, E.A.  
Address: 222 EAST 4TH ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: CAMPBELL, TROY R  
Address: 222 EAST 4TH ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: CAMPBELL, TIMOTHY C  
Address: 222 EAST 4TH ST  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: JONES, NEIL  
Address: 222 EAST 4TH ST  
City-St-Zip: PANAMA CITY, FL 32401

**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: P (X) Change ( ) Addition  
Name: CAMPBELL, TIMOTHY C  
Address: 222 EAST 4TH ST  
City-St-Zip: PANAMA CITY, FL 32401

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: TIMOTHY C CAMPBELL

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date