


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91019 027 ***150.00

DOCUMENT # P03000087522 1. Entity Name A1 LAND TITLE COMPANY					
Principal Place of Business 1275 LAKE HEATHROW LAND SUITE 115B LAKE HEATHROW, FL 32746			Mailing Address 1275 LAKE HEATHROW LAND SUITE 115B LAKE HEATHROW, FL 32746		
2. Principal Place of Business P.O. BOX 952257		3. Mailing Address P.O. BOX 952257			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAKE MARY, FL		City & State LAKE MARY, FL		4. FEI Number 55-0842941	
Zip 32795		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLOUD, BRENDA J 5938 SWOFFIELD DRIVE ORLANDO, FL 32812			7. Name and Address of New Registered Agent Name RAMESH V. PATEL Street Address (P.O. Box Number is Not Acceptable) 824 FINCH COURT City LONGWOOD, FL Zip Code 32750		
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: <u>Ramesh V Patel</u> April 28, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIMBISH, GEORGE 1275 LAKE HEATHROW LANE, SUITE 115 LAKE HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 Waymont Court, Suite 122 Lake Mary, FL. 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, RAMESH V 1275 LAKE HEATHROW LANE, SUITE 115 LAKE HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP/T 200 Waymont Court, Suite 122 Lake Mary, FL. 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MCCLOUD, BRENDA J 1275 LAKE HEATHROW LANE, SUITE 115 LAKE HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S 200 Waymont Court, Suite 122 Lake Mary, FL. 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: George Wimbish, President 42804 407-333-2356 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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