2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# P03000104088

Entity Name: NEOPOLITAN TITLE INSURANCE INC.

Current Principal Place of Business:

4484 ARNOLD AVENUE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

4484 ARNOLD AVENUE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KING, KENNETH GORDON ESQ
720 ORCHID LANE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SECT ( ) Delete
Name: LLORCA, SANDRA P
Address: 4484 ARNOLD AVE
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SANDRA LLORCA SECT 01/07/2004
Electronic Signature of Signing Officer or Director Date