2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000109061 1. Entity Name FAIRFIELD TITLE AGENCY, INC.					05-03-2004 90406 028 ***158.75				
Principal Place of Business Mailing Address 704 SW PORT ST. LUCIE BLVD. 704 SW PORT ST. LUCIE PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34			E BLVD. 1953		े के केंद्र हैं जिसे केंद्र हैं जिसे केंद्र हैं	J	401000-	·• · · · · · · · · · · · · · · · · · ·	
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004	Chg-P	CR2E034 (10/03)	<u> </u>		
City & State		City & State		4. FEI Number	240	// ¬ //	oplied For of Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent		
GROZA, JOHN ANGELO				Name					
704 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34953				Street Address (I	P.O. Box Number	is Not Acceptable)		
				City		· <u></u>	FL Zip Cod	e	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registere	ed office or register	ed agent, or both,	in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	<u> </u>	E: Registere	d Agent signature required	when reinstating)		DATE	27.	
tus de dess FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campai	ign Finar		.00 May Be ed to Fees		•		
10.	OFFICERS AND	DIRECTORS	11.	44.5	ADDITIONS/CI	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
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NAME	GROZA, JOHN ANGELO		NAM	í				}	
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12. I hereby certify that the information supplied with this filling 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:

JOHN A GROZA

28/04 172336765