

**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

DOCUMENT # P03000124058

1. Entity Name  
GRACE TITLE, INC.



Principal Place of Business  
117 HOLDENESS DR  
LONGWOOD, FL 32779

Mailing Address

117 HOLDENESS DR  
LONGWOOD, FL 32779

2. Principal Place of Business

225 S. Westmonte Dr.  
Suite, Apt. #, etc.  
Ste. 2080

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Zip

32714

Country

USA

Zip

Country

09272005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0375056

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, JAMES P  
117 HOLDENESS DR  
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name Same

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

419 Curry Court  
City Altamonte Springs

FL Zip Code 32714

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 James P. Clark James P. Clark President 9-28-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaturing) DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$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

CLARK, JAMES P  
117 HOLDENESS DR  
LONGWOOD, FL 32779

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
James P. Clark  
419 Curry Court  
Altamonte Springs, FL 32714

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Vice President  
D. Greg Gary  
106 Coveridge Lane  
Longwood, FL 32779

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900060211253  
10/04/05-01045-001 \*\*\*70.00

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AP/10/5

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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 another like empowered.

SIGNATURE: James P. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-05 321-007-0465

Date

Daytime Phone #