2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/29/2005-90259-030-$150.00-$150.00

FILED
05 JUL 18 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007797

1. Entity Name
VILLAGE TITLE INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
100 HARRISON ST, STE 325 COCOA, FL 32922	100 HARRISON ST, STE 325 COCOA, FL 32922

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 688 Suite, Apt. #, etc.
City & State	City & State: Cocoa FL
Zip / Country	Zip: 32923 / Country: USA

04122005 Chg-P CR2E034 (10/03)

4. FEI Number: Applied for — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEPHAN, TROY W 100 HARRISON ST, STE 325 COCOA, FL 32922	Name Street Address (P.O. Box Number Is Not Acceptable): ~~11 Riverside Drive, Suite 202~~ City: ~~Cocoa~~ FL Zip Code: ~~32922~~

411 magnolia Ave
merritt Island 32952

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 _____ 4-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D STEPHAN, TROY W 100 HARRISON ST, STE 325 COCOA, FL 32922 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11 Riverside Drive, Suite 202 Cocoa, FL 32922
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
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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 all officers and empowered.

SIGNATURE: _____ 4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Roberts JUL 20 2005