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

04122005 Chg-P CR2E034 (10/03)

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

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

STEPHAN, TROY W
100 HARRISON ST, STE 325
COCOA, FL 32922

411 magnolia Ave
merritt Island 32952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
~~11 Riverside Drive, Suite 202~~

City ~~Cocoa~~ FL Zip Code ~~32922~~

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
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 other like empowered.

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