



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90058 024 \*\*\*150.00

<b>DOCUMENT # P04000027550</b> 1. Entity Name PREMIER TITLE OF OCALA II, INC.																																																																	
Principal Place of Business 2300 SOUTH PINE AVENUE SUITE A OCALA, FL 34471 US			Mailing Address 2300 SOUTH PINE AVENUE SUITE A OCALA, FL 34471 US																																																														
2. Principal Place of Business 1910 SW 18 Court Suite, Apt. #, etc. Bldg 100		3. Mailing Address 1910 SW 18 Court Suite, Apt. #, etc. Bldg 100		  03222005 Chg-P CR2E034 (10/03)																																																													
City & State Ocala FL		City & State Ocala FL																																																															
Zip 34474 Country USA		Zip 34474 Country USA																																																															
4. FEI Number 20-0708653		Applied For <input type="checkbox"/> Not Applicable																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  DEICHMAN, NANCY J 2300 SOUTH PINE AVENUE SUITE A OCALA, FL 34471																																																													
7. Name and Address of New Registered Agent Name Nancy J Deichman Street Address (P.O. Box Number is Not Acceptable) 1910 SW 18 Court Bldg 100 City Ocala FL Zip Code 34474																																																																	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																	
<b>FILE NOW!!! FEE IS \$480.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P/D DEICHMAN, NANCY J</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2300 SOUTH PINE AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OCALA, FL 34471</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>S/D DEICHMAN, ROBERT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2300 SOUTH PINE AVENUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OCALA, FL 34471</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P/D DEICHMAN, NANCY J	<input type="checkbox"/> Delete	NAME	2300 SOUTH PINE AVENUE		STREET ADDRESS	OCALA, FL 34471		CITY-ST-ZIP			TITLE	S/D DEICHMAN, ROBERT	<input type="checkbox"/> Delete	NAME	2300 SOUTH PINE AVENUE		STREET ADDRESS	OCALA, FL 34471		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																	
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # _____																																																													