


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # P04000105661		
1. Entity Name ALDAY-DONALSON TITLE CORPORATION		
Principal Place of Business 1211 W FLETCHER AVE TAMPA, FL 33612-3363	Mailing Address 1211 W FLETCHER AVE TAMPA, FL 33612-3363	



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3785916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUSIAL, AJ JR 1211 W FLETCHER AVE TAMPA, FL 33612-3363	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGNER, KATHY M 311D NOLAND DRIVE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALCOM, BECKY M 311D NOLAND DRIVE BRANDON, FL 33511
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kathy M. Burcher, Pres. 2-15-07 (813) 985-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #