


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000162341 1. Entity Name USA TITLE AFFILIATES OF FLORIDA, INC.	
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Principal Place of Business 4900 CREEKSIDE DRIVE SUITE F CLEARWATER, FL 33760	Mailing Address 4900 CREEKSIDE DRIVE SUITE F CLEARWATER, FL 33760
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2308877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIRTLEY, WILLIAM T 1776 RINGLING BOULEVARD SARASOTA, FL 34236
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**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000546841
05/11/06-80132-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BEDELL, PAUL M 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, THOMAS R 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S KING, ANNA M 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAUGHAN, HOPE M 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: Hope M. Vaughan Hope M. Vaughan 4-28-06 804 867 8057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #