

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90227 024 ***150.00

DOCUMENT # P93000020626 1. Entity Name AMERICAN TITLE COMPANY OF ORLANDO					
Principal Place of Business 230 LOOKOUT PLACE 200 MAITLAND, FL 32751 US			Mailing Address 230 LOOKOUT PLACE 200 MAITLAND, FL 32751 US		
2. Principal Place of Business 100 E. Sybelia Ave. Suite, Apt. #, etc. 205		3. Mailing Address 100 E. Sybelia Ave. Suite, Apt. #, etc. 205			
City & State Maitland, FL Zip 32751		City & State Maitland, FL Zip 32751		Country USA	
4. FEI Number 59-3177550			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 PIERCEFIELD, DAVID S 230 LOOKOUT PLACE SUITE 200 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name David S. Piercefield Street Address (P.O. Box Number is Not Acceptable) 100 East Sybelia Ave. STE 205 City Maitland		
Zip Code FL 32751			Zip Code FL 32751		
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		David S. Piercefield		04-29-04	
Signature typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPST PIERCEFIELD, DAVID S 230 LOOKOUT PLACE, S-200 MAITLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Piercefield, David S. 100 E. Sybelia Ave., Suite 205 Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:		100 E. Sybelia Ave. David S. Piercefield		4/29/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	