2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P93000059719

Entity Name: LIBERTY TITLE COMPANY

Current Principal Place of Business:

660 SHOREVIEW AVENUE
WINTER PARK, FL 32789 US

New Principal Place of Business:

655 W. MORSE BLVD.
SUITE 112
WINTER PARK, FL 32789 US

Current Mailing Address:

660 SHOREVIEW AVENUE
WINTER PARK, FL 32789 US

New Mailing Address:

655 W. MORSE BLVD.
SUITE 112
WINTER PARK, FL 32789 US

FEI Number: 59-3202576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTLER, C. VICTOR, JR.
3185 S. CONWAY ROAD STE E
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: COB ( ) Delete
Name: BUTLER, C. VICTOR JR.
Address: 3185 S. CONWAY RD. STE E
City-St-Zip: ORLANDO, FL 32812

Title: P ( ) Delete
Name: HAMMONS, DEBORAH L
Address: 660 SHOREVIEW AVENUE
City-St-Zip: WINTER PARK, FL

Title: SVP ( ) Delete
Name: SAMUELS, ROBERT M
Address: 994 DOUGLAS AVE SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: ST ( ) Delete
Name: SAMUELS, DIANE R
Address: 994 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HAMMONS, DEBORAH L
Address: 655 W. MORSE BLVD., SUITE 112
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L. HAMMONS P 04/13/2005

Electronic Signature of Signing Officer or Director — Date