

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000021077

1. Entity Name
REGENCY TITLE GROUP, INC.



Principal Place of Business
**37 N. ORANGE AVE.
STE. 210
ORLANDO, FL 32801**

Mailing Address
**37 N. ORANGE AVE.
STE. 210
ORLANDO, FL 32801**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3237772

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GASDICK, MICHAEL J
37 N. ORANGE AVE.
STE 210
ORLANDO, FL 32801**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME STANTON, A.J. JR
STREET ADDRESS 37 N. ORANGE AVE., STE. 210
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D
NAME GASDICK, MICHAEL J
STREET ADDRESS 37 N. ORANGE AVE., STE 210
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
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U00000008357
01/20/04-80059-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael J. Gasdick **Michael J. Gasdick** 11/15/04 407-245-7599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #