

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90407 048 \*\*\*150.00

**DOCUMENT # P94000021756**

1. Entity Name

FIRST TEAM TITLE, INC.



Principal Place of Business

32828 U.S. HWY 19 N.  
PALM HARBOR FL 34684  
US

*New* Mailing Address *as of 7/15/03*

~~2308 SANDY RIDGE DR~~  
~~CLEARWATER FL 33761~~  
**Title Clearinghouse**  
**Attn: Terry Hasley**  
**411 Windward Passage**  
**Clearwater, FL 33767-2330**

2. Principal Place of Business

*Same as above*  
Suite, Apt. #, etc.

3. Mailing Address

*Same as above*  
Suite, Apt. #, etc.  
**Title Clearinghouse**  
**Attn: Terry Hasley**  
**411 Windward Passage**  
**Clearwater, FL 33767-2330**

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3249557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEDATA, MARTIN A  
32660 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title 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**

**Make Check Payable to Florida Department of State**

APR 12 2004

BY: *VH 7339*

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME PEDATA, MARTIN A  
STREET ADDRESS 32660 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete  
NAME HASLEY, STEVEN M  
STREET ADDRESS 32660 U.S. HIGHWAY 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*T. Hasley sec. 1cfo*

*4-12-04*

*727-449-8344*