

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90022 017 ***150.00

DOCUMENT # P94000021756			
1. Entity Name FIRST TEAM TITLE, INC. <i>9619 Title Clearinghouse</i>			
Principal Place of Business 2035 MCCORMICK DR <i>St #101</i> CLEARWATER, FL 33759 US		Mailing Address ATTN TERRY HASLEY 411 WINDWARD PASSAGE CLEARWATER, FL 33767-2330	
2. Principal Place of Business <i>2635 McCormick Dr</i> Suite, Apt. #, etc. <i>#101</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33759		Country USA	
4. FEI Number 59-3249557		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 PEDATA, MARTIN A 32660 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name: <i>Pedata, Martin A.</i> Street Address (P.O. Box Number is Not Acceptable): <i>2635 McCormick Dr. St. #101.</i> City: <i>Clearwater</i> FL Zip Code: <i>33759</i>	
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 _____			
FILE NOW!!! FEE IS \$150.00 <i>✓</i> After May 1, 2005 Fee will be \$550.00			
9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: PEDATA, MARTIN A STREET ADDRESS: 32660 U.S. HIGHWAY 19 NORTH CITY-ST-ZIP: PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE: <i>Pedata, Martin</i> NAME: <i>Pedata, Martin</i> STREET ADDRESS: <i>2635 McCormick Dr. St. #101</i> CITY-ST-ZIP: <i>Clearwater, FL 33759</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HASLEY, STEVEN M STREET ADDRESS: 32660 U.S. HIGHWAY 19 NORTH CITY-ST-ZIP: PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE: <i>Hasley, Steven</i> NAME: <i>Hasley, Steven</i> STREET ADDRESS: <i>2635 McCormick Dr. St. #101</i> CITY-ST-ZIP: <i>Clearwater, FL 33759</i>	<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: <i>X</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>3/14/05</i> 727-781-2244 Daytime Phone #	