

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90179 006 \*\*\*158.75

**DOCUMENT # P94000028561**

1. Entity Name  
**ALDAY-DONALSON TITLE COMPANY OF PINELLAS  
COUNTY, INC.**



Principal Place of Business

**2004 OAKWOOD KNOLL CT  
VALRICO, FL 33594 US**

Mailing Address

**2004 OAKWOOD KNOLL CT  
VALRICO, FL 33594 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3241140**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MUSIAL, A. J. JR  
4830 W. KENNEDY BLVD.  
SUITE 750  
TAMPA, FL 33609**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
ALDAY, THOMAS T.  
2004 OAKWOOD KNOLL COURT  
VALRICO, FL 33594** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDS  
DONALSON, RONALD M  
3502 BERGER ROAD  
LUTZ, FL 38549** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**16341 Burniston  
Tampa FL 33647**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/06**

Date

**813 985 7006**

Daytime Phone #