


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000046167</b> 1. Entity Name ALDAY-DONALSON TITLE COMPANY OF FLORIDA, INC.	
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Principal Place of Business 2004 OAKWOOD KNOLL CT VALRICO, FL 33594	Mailing Address 2004 OAKWOOD KNOLL CT VALRICO, FL 33594
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02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3249458</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MUSIAL, A. J. JR 1211 W FLETCHER AVE TAMPA, FL 33602
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALDAY, THOMAS T 2004 OAKWOOD KNOLL CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DONALSON, RONALD M 16341 BURNISTON TAMPA, FL 33647
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<p>U000000869547 04/09/08-80053-021 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>Thomas T. Alday</u> <b>CEO Alday</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/19/08</u> <small>Date</small>	Daytime Phone # <u>889857006</u> <small>Daytime Phone #</small>
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