2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P94000088711 1. Entity Name TITLE GUARANTY AND TRUST COMPANY, INC. Principal Place of Business Mailing Address 900 S. FEDERAL HIGHWAY 900 S. FEDERAL HIGHWAY SUITE 100 SUITE 100 STUART, FL 34994 STUART, FL 34994 CR2E034 (10/03) 01142004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0613434 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KING, W., LEE JR. 900 S. FEDERAL HWY SUITE 100 IN THIS SPACE STUART, FL 34994 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 reinstaling) Signature, typed or print il applicable. 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000029486 Trust Fund Contribution. Added to Fees <u> 104704-80068-006</u> OFFICERS AND DIRECTORS 10. TITLE KING, LEE W. NAME 900 S. FEDERAL HIGHWAY, SUITE 100 STREET ADDRESS STUART, FL 34994 CITY-ST-ZIP TISLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRTY-ST-Z/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not quality 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 fegal 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:

STREET ADDRESS CITY-ST-ZIP आध NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED