

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90040 035 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000040945

1. Entity Name
TITLE PARTNERS OF AMERICA, INC.



Principal Place of Business
**2600 CENTURY PARKWAY
100
ATLANTA, GA 30345**

Mailing Address
**7360 BRYAN DAIRY RD., SUITE 200
LARGO, FL 33777**

94036733



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0586007

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Lajoie, John T
2075 Centre Pointe Blvd.
Tallahassee, FL 32308**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPERLENGO, FRANK	
STREET ADDRESS	2600 CENTURY PARKWAY, #100	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONWAY, MICHAEL	
STREET ADDRESS	2075 CENTRE POINTE BLVD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	S	<input type="checkbox"/> Delete
NAME	Lajoie, John	
STREET ADDRESS	2075 CENTRE POINTE BLVD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARRITY, RYAN	
STREET ADDRESS	2600 CENTURY PARKWAY, #100	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Camperlengo, Frank	
STREET ADDRESS	7360 Bryan Dairy Rd. Ste 200	
CITY-ST-ZIP	Largo, FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garrity, Ryan	
STREET ADDRESS	2075 Centre Pointe Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Galloway	
STREET ADDRESS	7360 Bryan Dairy Rd	
CITY-ST-ZIP	Largo FL 33777	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael La Rosa	
STREET ADDRESS	7360 Bryan Dairy Rd.	
CITY-ST-ZIP	Largo FL 33777	

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

3/16/04 (850) 402-4104
Date Daytime Phone #