## 2004 FOR PROFIT CORPORATION . AMENDED ANNUAL REPORT .

DOCUMENT # P95000040945  1. Entity Name TITLE PARTNERS OF AMERICA, INC.								04 MAY 13 PM 3: 31						
Principal Place of Business 2600 CENTURY PARKWAY 100 ATLANTA, GA 30345				Mailing Address 7360 BRYAN DAIRY RD., SUITE 200 LARGO, FL 33777				CE#AT	1 1 <del>7</del> 181 8111 88111 1	RETARY AHASSI				
2. Principal Place of Business				3. Mailing Address						:				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		04292004	Chg-P	CF	R2E034 (	(10/03)		
City & State			City & State					4. FEI Numb					olied For Applicable	
Zip	p Country		Zip Co		Coun	ntry		5. Certificate		sired 🗹		.75 Addi	tional	
6. Name and Address of Current I			Regis	tered 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 nome of rug sterod agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										DATE				
Amended AR is \$61.25  9. Election Campaign Finar Trust Fund Contribution.						ncing	<b>\$5</b> . Adde	<b>00</b> May Be ed to Fees			_ d= .			
10. OFFICERS AND				CTORS			ADDITIONS	L /CHANGES T	O OFFICERS	S AND DI	RECTORS	IN 11		
TITLE NAME	V CAMPERI	_ANGO, FRANK	Delete TITLE				Ven Joyner Did Shange MAddition							
STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 7360 BRYAN DAIRY RD STE 20				EET ADDRESS 19	Ken Joyner 1983 Centre Pointe Blud. Ste 100 Tallahassee FL 32308								
TITLE	VD			☐ Delete		E	<u></u>	WKIL 11E	<del>,,,,,,</del>	14.308		Change -	Addition	
NAME STREET ADDRESS ( CITY-ST-ZIP	CONWAY, MICHAEL 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308				ie Eet address '- St-Zip									
TITLE NAME STREET ADDRESS	S LAJOIE, JOHN 2075 CENTRE POINTE BLVD.			☐ Delete	E ME EET ADDRESS		200032256d222					Addition		
CITY - ST- ZIP	1	SSEE, FL 32308				-ST-ZIP								
TITLE NAME	V GARRITY	, RYAN		☐ Delete	TITU			2	<b>000</b> 3 0/040	3225	<u>S</u>	- Change	Addition	
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TITLE	P	ANZ IIRA		☐ Delete	TITL							Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GALLOW/ 7360 BRY LARGO, F	'AN DAIRY RD.				EET ADDRESS '-ST-ZIP								
TITLE NAME	V LA ROSA	, MICHAEL		☐ Delete	TITL Nam	i						Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ļ	'AN DAIRY RD.		•	3	EET ADDRESS '-ST-ZIP		4	0					
12. I hereby of indicated of the corchanged.	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 true 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.													
SIGNAT	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR  5/5/04 (850) 402-4101  Date Double Proce *													