

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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
---	---



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 LAJOIE, JOHN T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
--

DO NOT WRITE IN THIS SPACE

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, 2005 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	V CAMPERLANGO, FRANK 7360 BRYAN DAIRY RD STE 200 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONWAY, MICHAEL 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAJOIE, JOHN 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GARRITY, RYAN 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALLOWAY, JIM 7360 BRYAN DAIRY RD. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LA ROSA, MICHAEL 7360 BRYAN DAIRY RD. LARGO, FL 33777

UN0000936956 04/27/05-80147-009 150.00 DO NOT WRITE IN THIS SPACE
--

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Michael La Rosa, as VP</u> <u>4/21/05</u> <u>727-549-3300</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #