## 2004 FOR PROFIT CORPORATION

## Feb 20, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P96000050927 REAL ESTATE TITLE INSURANCE, INC. Principal Place of Business Mailing Address 2522 W KENNEDY BLVD 2522 W KENNEDY BLVD TAMPA, FL 33609 TAMPA, FL 33609 No Chg-P CR2E034 (10/03) 02172004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3384156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, JOSEPH L DO NOT WRITE 2522 W KENNEDY BLVD TAMPA, FL 33609 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000058917 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 <u>/20/04-80060-009\_150.no</u> 10. OFFICERS AND DIRECTORS TITLE ALFONSO, JAMES C NAME STREET ADDRESS 2522 W KENNEDY BLVD CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

FILED

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.

SIGNATI IDE-

CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2-17-04

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