



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90036 021 ***150.00

DOCUMENT # P96000065952 1. Entity Name OLYMPIC TITLE INSURANCE, INC.					
Principal Place of Business 1515 U.S. HIGHWAY 1, SUITE 201 SEBASTIAN, FL 32958			Mailing Address 1515 U.S. HIGHWAY 1, SUITE 201 SEBASTIAN, FL 32958		
2. Principal Place of Business 1565 US 1 Suite, Apt. #, etc.		3. Mailing Address 1565 US 1 Suite, Apt. #, etc.			
City & State Sebastian, FL		City & State Sebastian, FL		01082004 Chg-P CR2E034 (10/03)	
Zip 32958		Country Indian River		4. FEI Number 65-0688924	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DILL, WARREN W 1515 U.S. HIGHWAY 1, SUITE 201 SEBASTIAN, FL 32958			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1565 US 1 City Sebastian FL Zip Code 32958		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS IN 2003 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2004					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DILL, WARREN W 1515 U.S. HIGHWAY 1, SUITE 201 SEBASTIAN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1565 US 1 Sebastian, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Warren W. Dill</u> Warren W. Dill 3/4/04 772-589-1212					