

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000067098**

1. Entity Name  
**LAND TITLE PLAZA, INC.**



**Principal Place of Business**

**2632 NW 43RD ST  
BLDG B-92  
GAINESVILLE, FL 32606**

**Mailing Address**

**2632 NW 43RD ST  
BLDG B-92  
GAINESVILLE, FL 32606**

**DO NOT WRITE IN THIS SPACE**



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3394954**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**BROOKER, DONNA L  
2632 NW 43RD ST  
BLDG B-92  
GAINESVILLE, FL 32606**

**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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

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**

**1111000104370  
04/06/04-80008-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ZYLINSKI, PATRICIA  
3604 NW 30TH PLACE  
GAINESVILLE, FL 32605**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MARTIN, WAYNE L  
1434 NW 7TH RD  
GAINESVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BROOKER, MARVIN A JR  
924 NW 18TH TER  
GAINESVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
BROOKER, DONNA L  
7011 NW 52 TERRACE  
GAINESVILLE, FL 32653**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: Donna L. Brooker DONNA L. BROOKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/04 (352) 371 9453**

Date Daytime Phone #