

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067412

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: ALLIANCE TITLE OF AMERICA, INC.

## Current Principal Place of Business:

3030 N. ROCKY POINT DRIVE WEST  
SUITE 400  
TAMPA, FL 33607 US

## Current Mailing Address:

3030 N. ROCKY POINT DRIVE WEST  
SUITE 400  
TAMPA, FL 33607 US

## New Principal Place of Business:

3401 W. CYPRESS STREET  
2ND FLOOR  
TAMPA, FL 33607 US

## New Mailing Address:

PO BOX 25656  
TAMPA, FL 33622-565 US

FEI Number: 65-0685696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DOV ( ) Delete  
Name: THOMAS, KEVIN D  
Address: 536 LAKE COMO CIR  
City-St-Zip: ORLANDO, FL 32803

Title: DOP ( ) Delete  
Name: HICKMAN, HAROLD  
Address: 3401 CYPRESS STREET WEST  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MOSBY, DONALD K  
Address: 3401 W. CYPRESS STREET  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Change (X) Addition  
Name: HANKS, NITA  
Address: 1980 POST OAK ROAD  
City-St-Zip: HOUSTON, TX 77056

Title: D ( ) Change (X) Addition  
Name: BLASS, KURT  
Address: 3401 W. CYPRESS STREET  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD MOSBY

D

01/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date