2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000067412

1. Entity Name
ALLIANCE TITLE OF AMERICA, INC.

Principal Place of Business
3401 W. CYPRESS STREET
2ND FLOOR
TAMPA, FL 33607 US

Mailing Address
PO BOX 25656
TAMPA, FL 33622 US

03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0685696
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DOV
NAME	THOMAS, KEVIN D
STREET ADDRESS	536 LAKE COMO CIR
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	DOP
NAME	HICKMAN, HAROLD
STREET ADDRESS	3401 CYPRESS STREET WEST
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	MOSBY, DONALD K
STREET ADDRESS	3401 W. CYPRESS STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	HANKS, NITA
STREET ADDRESS	1980 POST OAK ROAD
CITY-ST-ZIP	HOUSTON, TX 77056
TITLE	D
NAME	BLASS, KURT
STREET ADDRESS	3401 W. CYPRESS STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/06 80001-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Director 3-28-06 813 876 0619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

54.25