


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90082 004 ***150.00

DOCUMENT # P96000102063

1. Entity Name
TITAN 474, INC.



Principal Place of Business Mailing Address

2281 LEE ROAD 2281 LEE ROAD
 SUITE 103 204 SUITE 103 204
 WINTER PARK, FL 32789 WINTER PARK, FL 32789

14000447



2. Principal Place of Business 3. Mailing Address

TITAN PROPERTIES, INC Suite, Apt. #, etc.

2281 LEE RD, STE 204

02112004 Chg-P CR2E034 (10/03)

City & State

WINTER PARK, FL 32789

4. FEI Number Applied For

59-3420781 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

PIETKIEWICZ, STANLEY T
 2281 LEE ROAD
 SUITE 103
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PIETKIEWICZ, STANLEY T	
STREET ADDRESS	2281 LEE ROAD SUITE 103 204	
CITY - ST - ZIP	WINTER PARK, FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	AVERY, DELBERT W	
STREET ADDRESS	2281 LEE ROAD SUITE 103 204	
CITY - ST - ZIP	WINTER PARK, FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SECRIST, ROBERT L III	
STREET ADDRESS	2281 LEE ROAD SUITE 103 204	
CITY - ST - ZIP	WINTER PARK, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR