


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

150.00

FILED

04 MAY 13 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000011421		
1. Entity Name HOME LENDING TITLE, INC.		

Principal Place of Business 2699 LEE ROAD STE 540 WINTER PARK, FL 32789	Mailing Address 2699 LEE ROAD STE 540 WINTER PARK, FL 32789
---	---

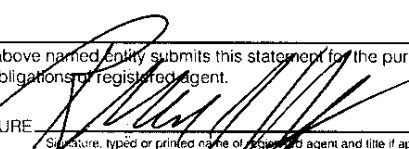
2. Principal Place of Business 241 S. Westmonte Dr. Suite, Apt. #, etc. Suite 1000 City & State Altamonte Springs, FL Zip 32714 Country USA	3. Mailing Address 241 S. Westmonte Dr. Suite, Apt. #, etc. Suite 1000 City & State Altamonte Springs, FL Zip 32714 Country USA
--	--



03022004 Chg-P CR2E034 (10/03)

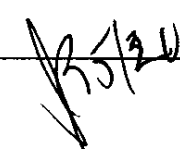
6. Name and Address of Current Registered Agent STEPHAN, REINHARD G 2699 LEE ROAD STE 540 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 241 S. Westmonte Dr., Suite 1000 City Altamonte Springs, FL Zip Code 32714
--	--

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.

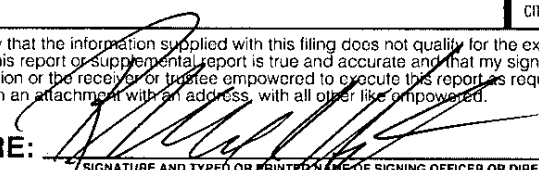
SIGNATURE:  DATE: 3-25-04

(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STEPHAN, REINHARD G 2699 LEE ROAD STE 540 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 241 S. Westmonte Dr., Suite 1000 Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAMARCHE, CLEMENT 2699 LEE ROAD, STE 540 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 241 S. Westmonte Dr., Suite 1000 Altamonte Springs, FL 32714
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	100037303621 05/25/04--01070--012 **1250.00 <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
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:  DATE: 3-25-04 DAYTIME PHONE #: 407-772-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR