

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT						FILED					
DOCUMENT # P97000011421  1. Entity Name HOME LENDING TITLE, INC.						04 MAY 13 PM 5: 15  SEUNCIARY OF STATE TALLAHASSEE, FLORIDA					
					III	TALLAH	ASSEE. FL	ÖRIDA			
Principal Plac 2699 LEE RO WINTER PARI	DAD STE 540	Mailing Address 2699 LEE ROAD STE 540 WINTER PARK, FL 32789								( <b>201</b> l) ( <b>20</b> )	
241 S.	lace of Business Westmonte Dr.	3. Mailing Address 241 S. Westmonte Dr.									
Suite, Apt. <b>Suite</b> 3	•	Suite, Apt. #, etc. Suite 1000				03022004	Chg-P	CR2E	034 (10/03)		
City & State Altamor	nte Springs, FL	City & State Altamonte Springs, FL			FL	4. FEI Number 59-3429			<del></del>	plied For t Applicable	
Zip 32714	Country USA	Zip 32714			5. Certificate of Status I				\$8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
STEPHAN, REINHARD G 2699 LEE ROAD STE 540 WINTER PARK, FL 32789					Street Address (P.O. Box Number is Not Acceptable)						
WINTER FARR, FL 32709					241 S. Westmonte Dr., Suite 1000						
					Altamonte Springs, FL Zip Code 32714						
8. The above named entry 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 rights of great and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
O. Stanting Committee Stanting - OS 00											
After M:	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0		-			d to Fees					
10.	OFFICERS AND D		11.			ADDITIONS/0	CHANGES TO OFF	ICERS AN			
TITLE NAME	PTD STEPHAN, REINHARD G	☐ Delete	TITLE NAM		241	C 1/1-		D	XX Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2699 LEE ROAD STE 540 WINTER PARK, FL 32789			ET ADDRESS - ST- ZIP			stmonte Springs			1000	
TITLE	VSD	☐ Delete	TITLE					<u>-</u>	XX Change	Addition	
NAME STREET ADDRESS	LAMARCHE, CLEMENT 2699 LEE ROAD, STE 540		NAM STRE	et address	241	S. Wes	stmonte 1	Dr.,	Suite	1000	
CITY-ST-ZIP	WINTER PARK, FL 32789			-ST-ZIP			Springs		32714		
TITLE NAME		☐ Delete	TITLE NAM						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		1.0	000373	303	621		
TITLE		☐ Delete	TITLE			<del>- 05/25</del>	/04= <u>-01070</u>	<del>!012</del>	) **1250 ☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP			100	131			
TITLE NAME		☐ Delete	TITLE NAM				M.	2/2	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP			1				
TITLE		☐ Delete	TITLE	- 1					☐ Change	Addition	
NAME STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for		-ST-ZIP Imption stat	ed in Ser	otion 119.07/3/ii	), Florida Statutes	I further o	ertify that the in	nformation	
12. I hereby certify that the information supplied with this filing does not quality 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 truetee 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 or inpowered.											
SIGNATURE: 3-25-04 407-772-3330 SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Date Date Date Date Date Date Dat											
		<i>U U</i>									