

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

08 SEP -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08242008 Chg-P CR2E034 (12/06)

DOCUMENT # P97000066473			
1. Entity Name ALDAY-DONALSON TITLE AGENCIES OF AMERICA, INC.			
Principal Place of Business 5896 E. FOWLER AVE TEMPLE TERRACE, FL 33617		Mailing Address P.O. BOX 2030 BRANDON, FL 33511	
2. Principal Place of Business - No P.O. Box # 6171 E. FOWLER AVE Suite, Apt. #, etc. Ste. C City & State TEMPLE TERRACE, FL Zip 33617 Country USA		3. Mailing Address P.O. Box 2030 Suite, Apt. #, etc. Brandon F City & State Zip 33509 Country USA	
4. FEI Number 59-3474610		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BURGNER, KATHY M 5896 E. FOWLER AVE TAMPA, FL 33617		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 <u>Kathy M. Burger, Pres.</u> 9/2/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$81.25		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	PD BURGNER, KATHY M 6171 E. FOWLER AVE TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6171 E. FOWLER AVENUE TEMPLE TERRACE FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBERT, LESLIE 5896 E. FOWLER AVE TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6171 E. FOWLER AVENUE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALCOM, BECKY M 5896 E FOWLER AV E TEMPLE TERRACE, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ST RONALD M. DONALSON 6171 E. FOWLER AVENUE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, HAROLD 3401 W. CYPRESS ST. TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200135637112 B-01007-009 ***\$1.25
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 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: <u>Kathy M. Burger</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		KATHY M. BURGER, PRESIDENT Date 813 985-7066 Daytime Phone #	