## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000066473

HICKMAN, HÀROLD

TAMPA, FL 33607

3401 W. CYPRESS ST.

Name:

Address:

City-St-Zip:

Entity Name: ALDAY-DONALSON TITLE AGENCIES OF AMERICA, INC.

FILED Feb 03, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:				
6171 E. FC	OWLER AVE.						
STE C TEMPLE T	ΓERRACE, FL	33617					
Current M	lailing Addre	ss:	New Mailing Address:				
P.O. BOX: BRANDON	2030 N, FL 33509						
FEI Number:	: 59-3474610	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Statu	ıs Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address of New Registered Agent:				
	R, KATHY M			R, KATHY M F	PRES		
	DWLER AVE L 33617 U	S		6171 E. FOWLER AVE TEMPLE TERRACE, FL 33617 US			
, , , , ,				_, ., ., ., _,			
in the State	e named entity e of Florida. RE: KATHY N	submits this statement for the	purpose of changing i	ts registered	office or registered 02/03/2009		
SIGNATOR		nic Signature of Registered Ag	ont				
	Electro	nic Signature of Registered Ag	ent		Date		
Election Car	mpaign Financir	g Trust Fund Contribution ( ).					
OFFICERS	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title:	PD (	) Delete	Title:	(	) Change ( ) Addition		
Name:	BURGNER, KA		Name:				
Address: City-St-Zip:	6171 E. FOWL	.ER AVE. RACE, FL 33617	Address: City-St-Zip:				
Oity Ot Zip.	TEIWII EE TEIXI	0.02,12 00017	Oity Ot Zip.				
Title:	,	) Delete	Title:		K) Change ( ) Addition	1	
Name:	LAMBERT, LE		Name:	LAMBERT, LE			
Address: City-St-Zip:	6171 E. FOWL	RACE, FL 33617	Address: City-St-Zip:	6171 E. FOWI	RACE, FL 33617		
Title:	,	) Delete	Title:	(	) Change ( ) Addition		
Name:	DONALSON, F		Name:				
Address: City-St-Zip:	6171 E. FOWL	RACE, FL 33617	Address: City-St-Zip:				
5.1.y 51 2.p.	. LIVII LL I LIVI		Oity Gt-Zip.				
Title:	D (	) Delete	Title:	(	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHY M. BURGNER PRES 02/03/2009