2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State

DOCUMENT # P98000011074 1. Entity Name TEAM TITLE, INC.						04-23-2004 90259 026 ***150.00			
Principal Place of Business Mailing Address						4	AUJOTER		
15 CYPRESS BRANCH WAY 15 CYPRESS BRANCH WAY									
SUITE 203 SUITE 203						•			
PALM COAST, FL 32164 PALM COAST, FL 32164									
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092004	Chg-P	CR2E034 (10/0	3)		
City & State		City & State		4. FEI Number			Applied For		
7in		75-			59-3493438 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of	f Status Desired	□ \$8.75 / Fee Requ		
	6. Name and Address of Current	Registered Agent			7. Name and	ddress of New R	Registered Agent		
				Name					
GIBBS-GAZZOLI, NICOLE R				Street Address /B.O. Roy Number in Not Accordable)					
15 CYPRESS BRANCH WAY STÉ 203 PALM COAST, FL 32164				Street Address (P.O. Box Number is Not Acceptable)					
PALIVI CO	451, FL 32164								
				City		<u></u>	E	ode	
									
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or re	gistered agent, or both	, in the State of Flo	orida. I am familiar w	ith, and accept	
SIGNATURE_									
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registere	d Agent signature r	equired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.			HANGES TO OFF	ICERS AND DIRECTO		
TITLE	P	☐ Delete	TITL		P. D		Chang	je 🔲 Addition	
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12. Thereby 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 legener 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:

VSIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

386-445-2100

Date

Daytime Phone #