


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90113 003 ***150.00

DOCUMENT # P98000011672

1. Entity Name
ASSOCIATED TITLE, INC.



Principal Place of Business
**3414 EAST LAKE ROAD
PALM HARBOR, FL 34685 US**

Mailing Address
**3414 EAST LAKE ROAD
PALM HARBOR, FL 34685 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



06302004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3491419

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COLINDRES, ANA M
1340 OAKBROOK DRIVE SW
LARGO, FL 33770**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLINDRES, ANA M 1340 OAKBROOK DRIVE SW LARGO, FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ana M. Colindres* **July 1, 2004** 727-772-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Associated Title

*Attachment
44046998*

3414 East Lake Road • Palm Harbor, FL 34685

727-772-7660 • Fax 727-772-6661 • E-mail: assoctitleinc@aol.com

July 1, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document # P98000011672

Dear Sirs:

I am enclosing the 2004 For Profit Corporation Annual Report for Associated Title, Inc.
and a check # 3586 in the amount of \$150.00.

We did not receive the post card for the 2004 filing.

Regards,

Lynn Matheney
Associated Title, Inc.