

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 20 AM 10:21

DOCUMENT # P98000018026

1. Entity Name
ATTORNEYS' TITLE ACQUISITION CORP.



Principal Place of Business
6545 CORPORATE CENTER BLVD
ORLANDO, FL 32822

Mailing Address
6545 CORPORATE CENTER BLVD
ORLANDO, FL 32822

DO NOT WRITE IN THIS SPACE



09132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3498671

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAY, R N III
6545 CORPORATE CENTER BLVD
ORLANDO, FL 32822

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IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by October 1, 2005

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

TITLE
NAME
D
HAMMOND, MICHAEL R
STREET ADDRESS
6545 CORPORATE CENTER BLVD
CITY-ST-ZIP
ORLANDO, FL 32822

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CITY-ST-ZIP

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09/23/05--01057--007 **150.00

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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:

Michael R. Hammond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael R. HAMMOND

9/16/05
Date

Daytime Phone #