

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000075631

1. Entity Name
TITLELINK, INC.



Principal Place of Business
**5555 MICHIGAN AVE., STE 100
ORLANDO, FL 32822 US**

Mailing Address
**5555 MICHIGAN AVE., STE 100
ORLANDO, FL 32822 US**

DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3534112

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKER, ANGELA
5555 E MICHIGAN ST
100
ORLANDO, FL 32822**

**DO NOT WRITE
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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOSCH, ROBERT H 3185 S CONWAY RD STE 3 ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FOWLER, RICHARD 3185 S CONWAY RD STE E ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/05-80011-008 150.00

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IN THIS SPACE**

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:

Richard Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05

(407) 384-4005
Date Daytime Phone #