

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90030 003 ***158.75

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1. Entity Name
FIRST CITY TITLE, INC.



Principal Place of Business
**1545 S BELCHER ROAD
CLEARWATER, FL 33764**

Mailing Address
**1545 S BELCHER ROAD
CLEARWATER, FL 33764**

40032799



03142005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3531535

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LONGSPAUGH, DAVID
1545 S BELCHER ROAD
CLEARWATER, FL 33764**

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 _____
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 **PD** ☐ Delete
NAME **LONGSPAUGH, DAVID**
STREET ADDRESS **1545 S BELCHER ROAD**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE **TSO** ☒ Delete
NAME **SCOTT, VERNON**
STREET ADDRESS **1545 S. BELCHER RD.**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP+General Counsel** ☐ Change ☒ Addition
NAME **Michael Hall**
STREET ADDRESS **1545 S Belcher Rd**
CITY-ST-ZIP **Clearwater FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Longspough

Date

3/14/05

Daytime Phone #

813 967-5727