

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096718

FILED
Mar 11, 2005
Secretary of State

Entity Name: AMERICAN HOME TITLE OF LAND O' LAKES, INC.

Current Principal Place of Business:

2047 OSPREY LANE
SUITE A
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

2047 OSPREY LANE
SUITE A
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3545240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITWORTH, GRANT D D
6703 N HIMES AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SINS, SHERRI L
Address: 9204 HIGHLAND RIDGE WAY
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: STEELE, SHERRY S
Address: 3911 NORTHHAMPTON WAY
City-St-Zip: TAMPA, FL 33624

Title: TS () Delete
Name: BUCKLEY, RHONDA R
Address: 26585 OLD SPRING LAKE RD
City-St-Zip: BROOKSVILLE, FL 34602

Title: V () Delete
Name: WILSON, JOYCE F
Address: 4403 W. HUMPHREY
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI L. SINS

P

03/11/2005

Electronic Signature of Signing Officer or Director

Date