2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

PRICE NOT BEEFED STREET STREAMSOTA, FL. 34232 ***DO NOT WRITE IN THIS SPACE ***PRICE NAME AND ADDRESS OF THE STREAMSOTA SPACE STREAMSOTA SPACE ***PRICE NAME AND ADDRESS OF THE STREAMSOTA SPACE STREAMSOTA SPA	1. Entity Name	MENT # P99000013221 FIRST TITLE, INC.		Secretary of State
DO NOT WRITE IN THIS SPACE 4. FEI Number	4701 LINWO	OD STREET 4701 LINWOOD		
S. Name and Address of Current Registered Agent FELCYN, BRENDA L 4701 LINWOOD STREET SARASOTA, FL 34232 B. The above named onliny libraries this statement for the purpose of changing its registered diffusion or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symum, specify price family all brains this statement for the purpose of changing its registered diffusion or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. FILE NOW/III FEE IS \$160.00 After May 1, 2005 Fee will be \$550.00 4. Election Campaign Financing Trust Fund Contribution. STREET AGENTS. FELCYN, BRENDA L FELCYN	; D	O NOT WRITE IN THIS	SSPACE	04252005 No Chg-P CR2E034 (10/03) 4. FEI Number
IN THIS SPACE IN THI		6. Name and Address of Current Registered Agent	The second secon	Fee Required
the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Sig	4701 LINV	OOD STREET		
10. OFFICERS AND DIRECTORS TITLE MAKE FELCYN, BRENDA L FELCYN, BRENDA L FELCYN, BRENDA L TOLLINWOOD STREET SARASOTA, FL 34232 TITLE MAKE SINET ADDRESS CITY-ST-2P TITLE MAKE SINET ADDRESS CITY-ST-2P DO NOT WRITE IN THIS SPACE TITLE MAKE SINET ADDRESS CITY-ST-2P TITLE TITL	the obligati	Signature, typed or printed name of registored epent and little if applicable. E NOW It! FEE IS \$150.00 9. Election	(NOTE Registered Agent signature red	quired when reinstating) \$5.00 May Be
FELCYN, BRENDA L STRET ADDRESS STRET ADDRESS GITY-ST-ZP TITLE NAME STRET ADDRESS GITY-ST-ZP TITLE TITLE NAME STRET ADDRESS GITY-ST-ZP TITL		19 1, 2003 Fee will be 4550.00	and Continuous.	
INTER ADDRESS CITY-ST-ZIP TITLE MAINE STREET ADDRESS CITY-ST-ZIP TITLE INTER THE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	FELCYN, BRENDA L 4701 LINWOOD STREET		U00000345208 04/30/05-80026-020 150.00
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that The infamilion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the proprier 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 attact from with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or/supplemental report is tyle 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 professor or trustee employered 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 attact trent with an address, with all other like empowered.	name Street address			
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			ualify for the exemption stated in and that my signature shall have is report as required by Chapter powered.	in Section 119.07(3)(1), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if