2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000035187

1. *Entity Name*
HOMESTEAD TITLE OF PINELLAS, INC.

Principal Place of Business	Mailing Address
7150 SEMINOLE BOULEVARD SEMINOLE, FL 33772	7150 SEMINOLE BOULEVARD SEMINOLE, FL 33772

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01232005 No Chg-P CR2E034 (10/03)

4. *FEI Number*
59-3570635
☐ Applied For
☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

ALLEY, VIOLA S
7150 SEMINOLE BOULEVARD
SEMINOLE, FL 33772

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000198702
01/27/05-80095-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, BRIAN E
STREET ADDRESS	7190 SEMINOLE BOULEVARD
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	DPST
NAME	ALLEY, VIOLA S C
STREET ADDRESS	7150 SEMINOLE BLVD.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	DV
NAME	COLLETT ALLEY, VIOLA S
STREET ADDRESS	5450 BAYSHORE DR
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Viola S C Alley Pres. Viola S. C. Alley 1-24-05 727 392-4882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #