

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000052266 1. Entity Name GOOD FAITH TITLE COMPANY		
Principal Place of Business 706 TURNBULL AVE #204 ALTAMONTE SPRINGS, FL 32701	Mailing Address 706 TURNBULL AVE #204 ALTAMONTE SPRINGS, FL 32701	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 03102004 No Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> 4. FEI Number 59-3581406 </div> <div style="width: 25%; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 25%; text-align: right;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BOGLE, SEAN F 706 TURNBULL AVE #203 ALTAMONTE SPRINGS, FL 32701 </div> <div style="width: 50%; text-align: center; font-size: 24px;"> DO NOT WRITE IN THIS SPACE </div> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between;"> <div> \$5.00 May Be Added to Fees </div> <div style="text-align: right;"> U000000087543 03/15/04-80016-015 150.00 </div> </div> </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	BOGLE, SEAN F	
STREET ADDRESS	1508 ANCHOR CT.	
CITY - ST - ZIP	ORLANDO, FL 32804	
TITLE	S	
NAME	OUTLAN, CATHERINE	
STREET ADDRESS	628 WEYBRIDGE CT.	
CITY - ST - ZIP	LAKE MARY, FL 32746	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: <i>Catherine Outlan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%;"> <div style="display: flex; justify-content: space-between;"> 3/9/04 407 834 3311 </div> <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div> </div> </div>		