

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063403

FILED  
Apr 27, 2004  
Secretary of State

Entity Name: AMITY TITLE, INC.

## Current Principal Place of Business:

623 E. TARPON AVE  
SUITE L  
TARPON SPRINGS, FL 34689

## New Principal Place of Business:

## Current Mailing Address:

623 E. TARPON AVE  
SUITE L  
TARPON SPRINGS, FL 34689

## New Mailing Address:

FEI Number: 59-3587395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOUSKOUTIS, N. MICHAEL  
623 E. TARPON AVENUE  
TARPON SPRINGS, FL 34689 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: CEO ( ) Delete  
Name: ELLIOT, HERBERT  
Address: 623 E TARPON AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P ( ) Delete  
Name: MANK, AMITY M  
Address: 623 E TARPON AVE SUITE L  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V ( ) Delete  
Name: WHEELER, DALLAS J  
Address: 35 WEST LEMON STREET  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S (X) Delete  
Name: KOUSKOUTIS, N. MICHAEL  
Address: 35 WEST LEMON STREET  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VS (X) Delete  
Name: KOUSKOUTIS, MICHAEL  
Address: 623 E. TARPON AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: ELLIOTT, HERBERT  
Address: 623 E TARPON AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: VS (X) Change ( ) Addition  
Name: KOUSKOUTIS, N. MICHAEL  
Address: 623 E. TARPON AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

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: AMITY M MANK

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date