



**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000063403

1. Entity Name  
AMITY TITLE, INC.



Jan 31, 2006 08:00 AM  
Secretary of State



Principal Place of Business  
623 E. TARPON AVE  
SUITE L  
TARPON SPRINGS FL 34689

Mailing Address  
623 E. TARPON AVE  
SUITE L  
TARPON SPRINGS FL 34689

2. Principal Place of Business  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
Country

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
Country

4. FEI Number  
59-3587395

Applied For  
Not Applied

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  
  
KOUSKOUTIS, N. MICHAEL  
623 E. TARPON AVENUE  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
City  
FL Zip Code

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

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May be Added to Fees

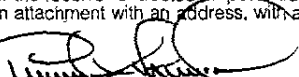
10. OFFICERS AND DIRECTORS  

TITLE	CEO	<input type="checkbox"/> Delete
NAME	ELLIOTT, HERBERT	
STREET ADDRESS	623 E TARPON AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANK, AMITY M	
STREET ADDRESS	623 E TARPON AVE SUITE L	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KOUSKOUTIS, N. MICHAEL	
STREET ADDRESS	623 E. TARPON AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 

Amity M. Mank 01/25/06 727-942-3632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #