


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90407 015 ***150.00

DOCUMENT # P99000065016					
1. Entity Name TWIN LAND TITLE, INCORPORATED					
Principal Place of Business 105 W. PLANT ST., STE. 11 WINTER GARDEN, FL 34787			Mailing Address 105 W. PLANT ST., STE. 11 WINTER GARDEN, FL 34787		
2. Principal Place of Business 57 N. LAKEVIEW AVE. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State WINTER GARDEN, FL. Zip 34787 Country USA		City & State City Zip Country		4. FEI Number 59-3591128 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CROWE, TIMOTHY SR 105 W. PLANT ST., STE. 11 WINTER GARDEN, FL 34787			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 <u>Timothy Crowe Sr.</u> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HENDERSON, SHARON STREET ADDRESS 105 W. PLANT ST., STE. 11 CITY-ST-ZIP WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CROWE, TIMOTHY STREET ADDRESS 105 W. PLANT ST., STE. 11 CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME CROWE, TIMOTHY STREET ADDRESS 57 N. LAKEVIEW AVE. CITY-ST-ZIP WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME CROWE, SHEILA STREET ADDRESS 105 W. PLANT ST., STE. 11 CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE VICE-PRESIDENT NAME CROWE, SHEILA STREET ADDRESS 57 N. LAKEVIEW AVE. CITY-ST-ZIP WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sheila Crowe</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>3/26/04 407-654-6778</u> Date Daytime Phone #		