


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S67640 1. Entity Name ALLIED TITLE INSURANCE, INC.	
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Principal Place of Business 5314 LEMON ST NEW PORT RICHEY, FL 34652 US	Mailing Address 5314 LEMON ST NEW PORT RICHEY, FL 34652 US
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3080577	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HICKMAN, HAROLD 3401 W CYPRESS ST TAMPA, FL 33607
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, J R 3401 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUY, MICHELE 5314 LEMON STREET NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, HAROLD 3401 W CYPRESS T TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, JIMMY 3401 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, WHIT 3401 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000402751
02/03/06-80020-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Date

Daytime Phone # _____