

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90061 013 ***150.00

DOCUMENT # S67640 1. Entity Name ALLIED TITLE INSURANCE AGENCY, INC.			
Principal Place of Business 5314 LEMON ST NEW PORT RICHEY, FL 34652 US		Mailing Address 5314 LEMON ST NEW PORT RICHEY, FL 34652 US	
2. Principal Place of Business - No P.O. Box # 3401 W CYPRESS ST Suite, Apt. #, etc.		3. Mailing Address 3401 W CYPRESS ST Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33607		Zip 33607	
Country		Country	
4. FEI Number 59-3080577		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKMAN, HAROLD 3401 W CYPRESS ST TAMPA, FL 33607		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P MENDOZA, BARBARA 5314 LEMON ST NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUY, MICHELE 5314 LEMON STREET NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, HAROLD 3401 W CYPRESS T TAMPA, FL 33607	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, JIMMY 3401 W CYPRESS ST TAMPA, FL 33607	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCHASTER, WHIT 3401 W CYPRESS ST TAMPA, FL 33607	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/11/08 Daytime Phone #	