

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97017

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** WINTER PARK TITLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

507 N NEW YORK AVE  
SUITE 303  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

507 N NEW YORK AVE  
SUITE 303  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-3145447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MC COY, RAYMOND D  
507 N NEW YORK AVE  
SUITE 303  
WINTER PARK, FL 32789 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:** P ( ) Delete  
**Name:** BROWN, CINDY  
**Address:** 507 N NEW YORK AVE # 303  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** VPD (X) Delete  
**Name:** MCCOY, RAYMOND D  
**Address:** 507 N NEW YORK AVE # 303  
**City-St-Zip:** WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** MCCOY, RAYMOND D  
**Address:** 507 N NEW YORK AVE # 303  
**City-St-Zip:** WINTER PARK, FL 32789

**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:** RAYMOND D. MCCOY

P

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date