


2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT #.V40224				
1. Entity Name A HERITAGE TITLE INSURANCE CORPORATION				
Principal Place of Business 5200 CENTRAL AVE. ST. PETERSBURG FL 33707		Mailing Address 5200 CENTRAL AVE. ST. PETERSBURG FL 33707		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent GRAHAM, PETER D. 5200 CENTRAL AVE. ST. PETERSBURG FL 33707				7. Name and Address of New Registered Agent
Name				Name
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)
City				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	GRAHAM, PETER D.		NAME	
STREET ADDRESS	5200 CENTRAL AVE.		STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0344536** Applied For Not Applied

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Peter D Graham* PETER D GRAHAM Date **2-7-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #