

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 380700

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** PROFESSIONAL TITLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3067 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3067 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 59-1366993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PETERS, DENNIS F  
3067 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PETERS, DENNIS F  
Address: 3067 E COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: STD  
Name: MAGER, MARTHA L  
Address: 3067 E. COMMERCIAL BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VPD  
Name: BABBITT, CATHARINE L  
Address: 3067 E COMMERCIAL BLVD  
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: DENNIS F. PETERS

PD

02/17/2011

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

\_\_\_\_\_  
Date