2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027070

Entity Name: NAPLES TITLE, INC.

FILED Jan 04, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4851 N TAMIAMI TRAIL				4851 N TAMIAMI TRAIL		
202 NAPLES, F	FL 34103 U	S	302 NAPLES, F	FL 34103	US	
Current Mailing Address:			New Maili	New Mailing Address:		
4851 N TA	MIAMI TRAIL		4851 N TA	MIAMI TRAII	_	
202 NAPLES, F	FL 34103 U	S	302 NAPLES, F	FL 34103	US	
	59-3710365	FEI Number Applied For ()	FEI Number Not Appl		Certificate of Status Desired ())
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
202 NAPLES, F The above in the State	MIAMI TRAIL FL 34103 US named entity selections	ubmits this statement for the p	urpose of changing i	ts registered	office or registered agent, or b	ooth,
SIGNATUF		c Signature of Registered Age	nt		 Date	
Election Can		Trust Fund Contribution ().	iii.		Date	
		.,				
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGE	S TO OFFICERS AND DIREC	TORS:
Title: Name: Address: City-St-Zip:	V () RINDFLEISCH, 14903 TYBEE IS NAPLES, FL 34	SLAND DR	Title: Name: Address: City-St-Zip:	1	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TOOLE, TIMOTH 1136 LAKESHO NAPLES, FL 34	RE PL	Title: Name: Address: City-St-Zip:	D TOOLE, TIMO 1819 PRINCI NAPLES, FL	ESS COURT	
Title: Name: Address: City-St-Zip:	D () DEANGELIS, JO 2316 HARRIER NAPLES, FL 34	RUN	Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DIAMOND, DAVI 6132 WESTPOR NAPLES, FL 34	RT LN	Title: Name: Address: City-St-Zip:	DIAMOND, D 28650 ALTES	(X) Change()Addition AVID B SSA WAY, #201 INGS, FL 34135	
Title: Name: Address: City-St-Zip:	V () MULLIGAN, PAT 8137 TAUREN C NAPLES, FL 34	COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TIMOTHY D. TOOLE D 01/04/2007