2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027070

Entity Name: NAPLES TITLE, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
4851 N TAMIAMI TRAIL			4851 N T 202	4851 N TAMIAMI TRAIL		
302 NAPLES, I	FL 34103 U	S		, FL 34103	US	
Current Mailing Address:				New Mailing Address:		
	MIAMI TRAIL			TAMIAMI TRA	AIL	
302 NAPLES, I	FL 34103 U	S	202 NAPLES	s, FL 34103	US	
FEI Number	: 59-3710365	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name ar	Name and Address of New Registered Agent:		
4851 N TA 202 NAPLES, I	IMOTHY D AMIAMI TRAIL FL 34103 US					
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing	g its registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	V () RINDFLEISCH, 14903 TYBEE IS NAPLES, FL 34	SLAND DR	Title: Name: Address: City-St-Zip	ı:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TOOLE, TIMOTH 1819 PRINCESS NAPLES, FL 34	COURT	Title: Name: Address: City-St-Zip		CESS 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, DAV 28650 ALTESSA BONITA SPRING	N WAY, #201	Title: Name: Address: City-St-Zip	:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 P 03/30/2009