

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 380700

FILED
Feb 19, 2015
Secretary of State
CC1107168047

Entity Name: PROFESSIONAL TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

3067 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3067 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308

FEI Number: 59-1366993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

Title VPD
Name BABBITT, CATHARINE L
Address 3067 E COMMERCIAL BLVD
City-State-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

PRESIDENT

02/19/2015

Electronic Signature of Signing Officer/Director Detail

Date