

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021412

Entity Name: THE WHITWORTH TITLE GROUP, INC.**Current Principal Place of Business:**3001 N. ROCKY POINT DR.
200
TAMPA, FL 33607**Current Mailing Address:**3001 N. ROCKY POINT DR.
200
TAMPA, FL 33607 US**FEI Number:** 14-1922754**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITWORTH, GRANT D
2012 W. SITKA ST.
TAMPA, FL 33604 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	P
Name	OUELLETTE, NATALIA
Address	10014 NORTH DALE MABRY SUITE 101
City-State-Zip:	TAMPA FL 33614

Title	VP
Name	GRANT, CLARA
Address	3001 N. ROCKY POINT DR. 200
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	STEPP, LYNDIA
Address	3001 N. ROCKY POINT DR. 200
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	BOYER, SANDRA
Address	3001 N. ROCKY POINT DR. 200
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	OHNMACHT, MARGARET
Address	3001 N. ROCKY POINT DR. 200
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	LAWLESS, JOHN
Address	3001 N. ROCKY POINT DR. 200
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	WHITWORTH, GRANT D
Address	3001 N. ROCKY POINT DR. 200
City-State-Zip:	TAMPA FL 33607

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: GRANT D. WHITWORTH

VP

05/28/2013

Electronic Signature of Signing Officer/Director Detail_____
Date