

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000052619

**Entity Name:** SUNSHINE TITLE AND ESCROW, INC.

**Current Principal Place of Business:**

8891 BRIGHTON LN  
STE 122  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

8891 BRIGHTON LN  
STE 122  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 22-3928530

**Certificate of Status Desired:** No

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

CAMPBELL, CAMILLA L.  
9820 CITADEL LN  
#102  
BONITA SPRINGS, FL 34135 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 D  
Name CAMPBELL, DAVID O  
Address 9820 CITADEL LN  
#102  
City-State-Zip: BONITA SPRINGS FL 34135

Title P, VP, S, T, D  
Name CAMPBELL, CAMILLA L.  
Address 9820 CITADEL LN  
#102  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** CAMILLA CAMPBELL

**PRESIDENT**

**01/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date