

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000015009

**FILED**  
**Jan 04, 2019**  
**Secretary of State**  
**CC6664364503**

**Entity Name:** 1ST TRUST TITLE, INC.

**Current Principal Place of Business:**

7320 GRIFFIN ROAD, SUITE 109  
DAVIE, FL 33314

**Current Mailing Address:**

7320 GRIFFIN ROAD, SUITE 109  
DAVIE, FL 33314

**FEI Number:** 65-0648757

**Certificate of Status Desired:** No

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

KALIS, NEAL R  
7320 GRIFFIN ROAD, SUITE 109  
DAVIE, FL 33314 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 DPST  
Name KALIS, NEAL R  
Address 7320 GRIFFIN ROAD, SUITE 109  
City-State-Zip: DAVIE FL 33314

Title V  
Name KLEIMAN, M SCOTT  
Address 7320 GRIFFIN RD, 109  
City-State-Zip: DAVIE FL 33314

Title V  
Name FOHR, KIMBERLY P  
Address 7320 GRIFFIN RD STE 109  
City-State-Zip: DAVIE FL 33314

*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:** NEAL R. KALIS

**PRESIDENT**

**01/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date