


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 177435 1. Entity Name DODD TITLE COMPANY, INC.	
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Principal Place of Business 40 FOURTH STREET P. O. BOX 38 APALACHICOLA, FL 32320	Mailing Address 40 FOURTH STREET P. O. BOX 38 APALACHICOLA, FL 32320
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01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0724706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHULER, J G 100 21ST AVE APALACHICOLA, FL 32320
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SHULER, ALFRED
STREET ADDRESS	34- 4TH ST.
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	DP
NAME	SHULER, J. GORDON
STREET ADDRESS	34 - 4TH ST.
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	TSD
NAME	SHULER, THOMAS M
STREET ADDRESS	34-4TH ST.
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	V
NAME	MALLOY, LINDA C.
STREET ADDRESS	34-4TH STREET
CITY-ST-ZIP	APALACHICOLA, FL
TITLE	VP
NAME	JOHNSON, KIMBERLY L
STREET ADDRESS	1627 LANDEN RD
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/07-80003-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **01/19/07** **(850) 653-9537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Thomas M. Shuler TSD