

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 177435

1. Entity Name
DODD TITLE COMPANY, INC.



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**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0724706

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHULER, J G
100 21ST AVE
APALACHICOLA, FL 32320**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	VP
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	

000000784032
01/16/08-80040-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

Date

850-653-9226

Daytime Phone #