

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90037 027 \*\*\*150.00

**DOCUMENT # 178092**

1. Entity Name  
**FLORIDA TITLE & PARTNERS, INC.**



Principal Place of Business  
**6215 WILSON BOULEVARD  
JACKSONVILLE, FL 32210 US**

Mailing Address  
**PO BOX 7779  
JACKSONVILLE, FL 32238 US**

401110...



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0762652**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BURPEE A.L. JR  
6215 WILSON BOULEVARD  
JACKSONVILLE, FL 32210**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BURPEE, A L JR
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VS
NAME	BRANNEN, W M
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DV
NAME	LYERLY, JEAN B.
STREET ADDRESS	6215 WILSON BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VD
NAME	TOWERS, C.D. JR.
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE #1500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	LYLE, M.L.
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE #1500
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

*W M Brannen* **W M Brannen**

**4-30-07**  
Date

**904-778-1880**  
Daytime Phone #