

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # 408891

1. Entity Name
SUNCOAST TITLE COMPANY OF FLORIDA, INC.



Principal Place of Business
**7241 49TH STREET NORTH
PINELLAS PARK, FL 33781 US**

Mailing Address
**7241 49TH STREET NORTH
PINELLAS PARK, FL 34665**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1441090

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KANNER, MENI
5010 PARK BLVD.
PINELLAS PARK, FL 33781**

**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 this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**1100000477213
04/06/06-80043-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KANNER, MENI
STREET ADDRESS	5010 PARK BLVD.
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	ST
NAME	KANNER, MENI
STREET ADDRESS	5010 PARK BLVD.
CITY-ST-ZIP	PINELLAS PARK, FL
TITLE	V
NAME	KANNER, MALINA
STREET ADDRESS	5010 PARK BLVD
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

3-17-06 727-546-8935