2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 415123

1. Entity Name
STEWART TITLE COMPANY OF SARASOTA, INC.

Principal Place of Business	Mailing Address
3530 WEBBER ST P.O.BOX 7877 SARASOTA, FL 34239	3530 WEBBER ST P.O.BOX 7877 SARASOTA, FL 34239

04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1434348
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HICKMAN, HAROLD E.
3401 W. CYPRESS #101
TAMPA, FL 33607

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	HICKMAN, HAROLD
STREET ADDRESS	3401 W CYPRESS #101
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	HUSSEY, KEVIN M.
STREET ADDRESS	4134 CENTRAL AVE
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	D
NAME	O'CONNEL, PHILIP J.
STREET ADDRESS	521 HAVEN PT ROAD
CITY-ST-ZIP	TREASURE ISLAND, FL
TITLE	D
NAME	MOHLER, EUGENE A.
STREET ADDRESS	3035 COUNTRYSIDE BLVD. #17B
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000339393
04/28/05-80073-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin M. Hussey 4-27-05 727-895-3404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #