# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2006 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<br>P.O.BOX 7877<br>SARASOTA, FL 34239 | 3530 WEBBER ST<br>P.O.BOX 7877<br>SARASOTA, FL 34239 |

DO NOT WRITE IN THIS SPACE

01222006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be $550.00**

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

U00000535784
05/08/06-80067-007 150.00

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 | |

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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:** Kevin M. Hussey 4-21-06 727-895-3664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #