

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 542575

1. Entity Name
FLORIDA TITLE COMPANY



Principal Place of Business
**6545 CORPORATE CENTRE BLVD.
ORLANDO, FL 32822 US**

Mailing Address
**P.O. BOX 628600
ORLANDO, FL 32862-8600**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0248550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CONNER, W T
6545 CORPORATE CENTRE BLVD.
ORLANDO, FL 32822**

**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	PD
NAME	KOVALESKI, CHARLES J.
STREET ADDRESS	6545 CORPORATE CENTRE BLVD
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	VSD
NAME	GAY, R. NORWOOD, III
STREET ADDRESS	6545 CORPORATE CENTRE BLVD
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	VTD
NAME	JONES, JIMMY R.
STREET ADDRESS	6545 CORPORATE CENTRE BLVD
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80043-003 150.00

**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:

R. NORWOOD GAY, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07 **800-275-6273**
Date Daytime Phone #