

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # 566810

1. Entity Name
FIVE POINTS TITLE SERVICES CO., INC.



Principal Place of Business

**8014 SW 135TH ST RD
OCALA, FL 34473**

Mailing Address

**8014 SW 135TH ST RD
OCALA, FL 34473**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1811722

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROCHE, NANCY
8014 SW 135TH ST RD
OCALA, FL 34473**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000218733

02/07/05-80077-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MOORE, ROBERT
8014 SW 135TH ST RD
OCALA, FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ROCHE, NANCY
8014 SW 135TH ST RD
OCALA, FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HUMMERHIELM, SHARON
999 BRICKELL AVE SUITE 700
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GRAM, ANTONY
8014 SW 135TH ST RD
OCALA, FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FISHER, BETH
8014 SW 135TH ST RD
OCALA, FL 34473**

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 exemption stated in Section 119.07(3)(f), 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

Nancy Roche, President

2/3/05

Date

(352) 307-0796

Daytime Phone #