

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # 590481 1. Entity Name GULF WEST TITLE CO. | | | | | |
| Principal Place of Business 435 TREMINGHAM WAY VENICE, FL 34293 US | | | Mailing Address PO BOX 684 VENICE, FL 34284 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02282005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 59-2821412 | | | | 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 SAHROW, KATHLEEN D. 435 TREMINGHAM WAY VENICE, FL 34293 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PSD SAHROW, THOMAS H. 435 TREMINGHAM WAY VENICE, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000258898 03/11/05-80003-002 150.00 </div> | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | TD SAHROW, KATHLEEN D. 435 TREMINGHAM WAY VENICE, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 3/8/05 <small>Daytime Phone #</small> | | |