2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 592311

1. Entity Name

WEST FLORIDA TITLE COMPANY OF MILTON



FILED Jan 10, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Fee Required

850 623-4626

Daytime Phone #

Principal Place of Business

5220 WILLING STREET P.O. BOX 762 MILTON, FL 32570 Mailing Address

5220 WILLING STREET P.O. BOX 762 MILTON, FL 32570



DO NOT WRITE IN THIS SPACE

0104200) 110 Oligh	01422004 (11100)		
4. FEI Number	Applied For		
59-1857574	Not Applicable		
E. Cartificate of Status Desired	- \$8.75 Additional		

6. Name and Address of Current Registered Agent

GATLIN, R. KENNE 520 BEACH DR DESTIN, FL 32540

SIGNATURE:

R. Kenne GattITh

PPESSITER

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 OATE						
Segriatura, special primarularia o registare di agent siro inte il appricature. (INOTE: Registere Agent signatura required whon rainstating)						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.		 Election Campaign Financir Trust Fund Contribution. 	g 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MINNIE L. 5187 CATALINA STREET PACE, FL 32571				HODODOTO: opo	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATLIN, VERITHA W. 520 BEACH BLVD DESTIN, FL 32540				000000581092 01/10/07-80073-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GATLIN, R. KENNE 520 BEACH DR DESTIN, FL 32540			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP					"; • • • • •	
12. I nereby certify that the information supplied with this filling 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 regeiver of 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 pitter like empowered.						

OFFICER OR DIRECTOR

January 5,

2007