

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90104 033 \*\*\*150.00

<b>DOCUMENT # 642558</b> 1. Entity Name <b>MANATEE-PINELLAS TITLE COMPANY</b>					
Principal Place of Business <b>6210 MANATEE AVE W SUITE 203 BRADENTON, FL 34209</b>			Mailing Address <b>6210 MANATEE AVE W SUITE 203 BRADENTON, FL 34209</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1940826</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>RUFFINO, MICHAEL T. 6210 MANATEE AVE. W. SUITE 203 BRADENTON, FL 34209</b>				7. Name and Address of New Registered Agent Name <b>Harold Hickman</b> Street Address (P.O. Box Number is Not Acceptable) <b>3401 W cypress St</b> City <b>Tampa</b>	
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 <u><i>Harold Hickman</i></u> DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST RUFFINO, GERALDINE D. 2901 LITTLE COUNTRY RD PARRISH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUFFINO, MICHAEL T. 2901 LITTLE COUNTRY RD PARRISH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hickman, Harold H. 3401 W. Cypress St., Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hickman, Jimmy 3401 W. Cypress St., Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lancaster, Whit 3401 W. Cypress St., Tampa, FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lancaster, Whit 3401 W. Cypress St., Tampa, FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lancaster, Whit 3401 W. Cypress St., Tampa, FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Lancaster, Whit 3401 W. Cypress St., Tampa, FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Geraldine D. Ruffino</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>GERALDINE D. RUFFINO VST</b>			Date <b>4/25/07</b>		Daytime Phone # <b>941-794-2116</b>

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