


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 642558</b> 1. Entity Name <b>MANATEE-PINELLAS TITLE COMPANY</b>	
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1940826</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HICKMAN, HAROLD 3401 W. CYPRESS ST. TAMPA, FL 33607</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RUFFINO, GERALDINE D. 2901 LITTLE COUNTRY RD PARRISH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUFFINO, MICHAEL T. 2901 LITTLE COUNTRY RD PARRISH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, HAROLD H 3401 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, JIMMY 3401 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, WHIT 3401 W. CYPRESS ST. TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/17/08-80056-008 150.00

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:**  **President** **1/7/08** **941-794-2116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #