


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90081 001 ***150.00

DOCUMENT # 646392 1. Entity Name SPRINGS TITLE INSURANCE AGENCY, INC.					
Principal Place of Business 2425 E. COMMERCIAL BLVD SUITE 101 FT. LAUDERDALE, FL 33308 US			Mailing Address 2425 E. COMMERCIAL BLVD SUITE 101 FT. LAUDERDALE, FL 33308 US		
2. Principal Place of Business 1600 S. Federal Highway Suite, Apt. #, etc. Suite 207 City & State Pompano Beach FL		3. Mailing Address 1600 S. Federal Highway Suite, Apt. #, etc. Suite 207 City & State Pompano Beach FL			
Zip Country 33062 USA		Zip Country 33062 USA		4. FEI Number 59-1998629	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PAYNE, DONNA H 1600 SOUTH FEDERAL HWY SUITE 207 POMPAÑO BEACH, FL 33062			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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-ST-ZIP	DPS PAYNE, DONNA H 2831 NE 28TH STREET FT. LAUDERDALE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Donna H. Payne Donna H. Payne, President			1/28/05 954-943-5705 Date Daytime Phone #		