2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 08:00 AN Secretary of State

1. Entity Nam	MENT #693161 ck title & escrow, inc.				Se	cretary	y of Stat
5402 N. OCI	e of Business EANSHORE BLVD T, FL 32137 US	Mailing Address 5402 N. OCEANSHORE BLVD PALM COAST, FL 32137 U	s		 I (CIBS IIIK) IIIIK SKINI (CE) I	ICH TIVI TIVI TIVI T	
C	O NOT WRITE	IN THIS SPA	CE	02032006 4. FEI Number 59-211		CR2E034 (11	
	6. Name and Address of Current Re	gistered Agent]				
HOUSTOUN, LINDA T 5402 N. OCEANSHORE BLVD PALM COAST, FL 32137			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the	ne purpose of changing its register	ed office or registe	ered agent, or bo	th, în the State of Flori	ida. I am familiar	with, and accept
ine obligat	tions of registered agent.	• • •		· · · ·			
SIGNATURE				-		· · · · · · ·	<u> </u>
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Registere	d Agent signature require	d when reinställing)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Slection Campaign Finar Trust Fund Contribution.		i.00 May Be ded to Fe <u>e</u> s		- -	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII TSVP HOUSTOUN, LINDA T. 5402 N. OCEANSHORE BLVD PALM COAST, FL 32137	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOUSTOUN, EDWARD A 5402 N. OCEANSHORE BLVD PALM COAST, FL 32137				.000000 0-80\81\50	425220 80087-004	150.00
NAME STREET ADDRESS CITY-ST-ZIP					NOT WI	-	

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate Daytime Phone #