

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90038 011 ***150.00

DOCUMENT # F68074

1. Entity Name
QUIET TITLE AND ABSTRACT COMPANY



Principal Place of Business
**3200 UNIVERSITY DRIVE #209
CORAL SPRINGS, FL 33065 US**

Mailing Address
**2470 SE 11 ST
POMPANO BEACH, FL 33062 US**

60019216



2. Principal Place of Business
3701 West Commercial Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State
Ft. LAUD, FL

City & State

4. FEI Number
59-2162722

Applied For
Not Applicable

Zip
33309

Country
Broward

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUITARD, PAUL
C/O TOWN & COUNTRY TITLE G&E
3200 UNIVERSITY DR, SUITE 209
CORAL SPRINGS, FL 33065**

Name
3701 West Commercial Blvd
Street Address (P.O. Box Number is Not Acceptable)
City **Ft LAUDERDALE** **FL** Zip Code **33309**

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

1/18/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
**PSD
GUITARD, PAUL
2470 SE 11TH ST
POMPANO BEACH, FL 33062** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

1/18/06

1/18/06

Daytime Phone #