

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

07-07-2005 90003 030 ***550.00

DOCUMENT # F81108

1. Entity Name

FURLONG TITLE COMPANY, INC.



Principal Place of Business

8771 COLLEGE PARKWAY, SUITE 102
FORT MYERS, FL 33919

Mailing Address

8771 COLLEGE PARKWAY, SUITE 102
FORT MYERS, FL 33919

14018171



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2191257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FURLONG, JOSEPH A JR
8771 COLLEGE PARKWAY, SUITE 102
FORT MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FURLONG, JOSEPH A JR
STREET ADDRESS	1313 SW 18TH TERR. 11938 ROYAL TEE CIR
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	TS
NAME	FURLONG, BEVELYN H
STREET ADDRESS	1313 SW 18TH TERR. 11938 ROYAL TEE CIR
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	VP
NAME	FURLONG, BRETT R
STREET ADDRESS	1313 SW 18TH TERR. 11938 ROYAL TEE CIR
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/05 239-437-9904