

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90169 006 \*\*\*150.00

**DOCUMENT # H05655**

1. Entity Name  
**INDEPENDENT ABSTRACT AND TITLE COMPANY**



Principal Place of Business

600 WHITEHEAD ST  
STE. 203  
KEY WEST, FL 33040 US

Mailing Address

600 WHITEHEAD ST  
STE. 203  
KEY WEST, FL 33040 US

**DO NOT WRITE IN THIS SPACE**



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2413414**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

B G CARTER  
600 WHITEHEAD ST SUITE 203  
KEY WEST, FL 33040

**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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STMD
NAME	CARTER, B.G.
STREET ADDRESS	P O BOX 100
CITY- ST- ZIP	SUMMERLAND KEY, FL 33042
TITLE	VP
NAME	SPANN, PAULA
STREET ADDRESS	234 SAWYER DR
CITY- ST- ZIP	SUMMERLAND KEY, FL 33042
TITLE	P
NAME	KRUER, WAYNE
STREET ADDRESS	600 WHITEHEAD ST., STE. 301
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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:**

*B G Carter* *B G Carter, Secretary* *Feb 27, 2005* *305-294-5105*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #