2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # H31010

1. Entity Name
REPUBLIC TITLE CO. OF BREVARD, INC.

Principal Place of Business	Mailing Address
625 E. NEW HAVEN AVENUE MELBOURNE, FL 32901	POST OFFICE BOX 2883 MELBOURNE, FL 32902

07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2633110
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIDONE, ANTHONY
625 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GUIDONE, PHYLLIS
STREET ADDRESS	625 E NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL
TITLE	DVP
NAME	GUIDONE, ANTHONY L
STREET ADDRESS	625 E NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	P
NAME	RODRIGUEZ, VIVIAN S
STREET ADDRESS	625 EAST NEW HAVEN AVENU
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	DT
NAME	GUIDONE, ATHONY C
STREET ADDRESS	625 EAST NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	S
NAME	GUIDONE, PHYLLIS
STREET ADDRESS	625 EAST NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	DVPS
NAME	GUIDONE, PHYLLIS
STREET ADDRESS	625 E NEW HAVEN AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901

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07/02/04-80003-017 150.00

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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: _____ Anthony C Guidone 07/01/04 321-676-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #