

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90084 018 ***150.00

DOCUMENT # H63189

1. Entity Name
EXECUTIVE TITLE OF FLORIDA, INC.



Principal Place of Business
**170 E BLOOMINGDALE AVE
BRANDON, FL 33511**

Mailing Address
**170 E BLOOMINGDALE AVE
BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2551367

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEIMAN, CHERYL A.
170 E BLOOMINGDALE AVE
BRANDON, FL 33511**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LEIMAN, JOHN S <i>George E. Leiman II</i>
STREET ADDRESS	1413 HOLLEMAN DR
CITY - ST - ZIP	VALRICO, FL
TITLE	DP
NAME	LEIMAN, CHERYL A
STREET ADDRESS	170 E BLOOMINGDALE AVE
CITY - ST - ZIP	BRANDON, FL 33511
TITLE	VP
NAME	SMIGIEL, CHESTER
STREET ADDRESS	2422 OAK LANDING
CITY - ST - ZIP	BRANDON, FL 33511
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cheryl A. Leiman, President 2/10/07 813 681-8428