


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H84330</b> 1. Entity Name <b>STEWART TITLE OF NORTHWEST FLORIDA, INC.</b>	
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Principal Place of Business <b>903-B BEAL PKWY. FT. WALTON BEACH, FL 32547</b>	Mailing Address <b>1110 MONTLIMAR DRIVE SUITE 620 MOBILE, AL 36609</b>
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01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3168809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HICKMAN, HAROLD 3401 W. CYPRESS ST. #202 TAMPA, FL 33607</b>
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**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 NAME STREET ADDRESS CITY-ST-ZIP	DST BAILEY, RICHARD A. 1110 MONTLIMAR DR #620 MOBILE, AL 36609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HICKMAN, HAROLD 3401 W. CYPRESS ST. #202 TAMPA, FL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MITCHEL, GLENDA 8220 WINDSOR WAY MOBILE, AL 36695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, WHIT 3401 W. CYPRESS DT #202 TAMPA, FL 36607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/05-80033-015 150.00

**DO NOT WRITE  
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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)(f), 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: Richard Bailey President January 13, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #