


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J41141</b>	
1. Entity Name FIRST TITLE AND ABSTRACT, INC.	

Principal Place of Business 606 BALD EAGLE DR, STE 501 P O BOX 2000 MARCO ISLAND, FL 33969 US	Mailing Address 606 BALD EAGLE DR, STE 501 P O BOX 2000 MARCO ISLAND, FL 33969 US
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2732938	Applied For 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

WOODWARD, CRAIG R.  
606 BALD EAGLE DR, STE 500  
MARCO ISLAND, FL 33937

**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 \_\_\_\_\_ 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**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000605671  
01/30/07-80045-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOODWARD, CRAIG R. 606 BALD EAGLE DR, #501 MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, MARK J. 606 BALD EAGLE DR, #501 MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODWARD, CRAIG R. 606 BALD EAGLE DR, #501 MARCO ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODWARD, LESLEY I 1040 GOODLETTE RD N NAPLES, FL 34102
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:**  **1/18/07** (391)304-5161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #