

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90103 004 ***150.00

DOCUMENT # J41141

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**



2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc.

3. Mailing Address
Suite, Apt #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2732938

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent
**WOODWARD, CRAIG R.
606 BALD EAGLE DR, STE 500
MARCO ISLAND, FL 33937**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	WOODWARD, CRAIG R.	
STREET ADDRESS	606 BALD EAGLE DR, #501	
CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODWARD, MARK J.	
STREET ADDRESS	606 BALD EAGLE DR, #501	
CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOODWARD, CRAIG R.	
STREET ADDRESS	606 BALD EAGLE DR, #501	
CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOODWARD, CRAIG R.	
STREET ADDRESS	1048 GOODLETTE RD N	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3200 TAMiami TRAIL N. Suite 200	
STREET ADDRESS	Naples, FL 34103	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, MARK J.	
STREET ADDRESS	3200 Tamiami Trail N 200	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/15/08 1-239-394-5761
Date Daytime Phone #

CRAIG R. WOODWARD