

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90167 022 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # J88147**

1. Entity Name  
**SOUTHEAST TITLE GROUP, INC.**



**Principal Place of Business**

**744 E. BURGESS ROAD  
SUITE E-104  
PENSACOLA, FL 32504 US**

**Mailing Address**

**744 E. BURGESS ROAD  
SUITE E-104  
PENSACOLA, FL 32504 US**

**2. Principal Place of Business**

**1144 W. Nine Mile Rd**

Suite, Apt. #, etc.

**SUITE B**

**3. Mailing Address**

**1144 W. Nine Mile Rd**

Suite, Apt. #, etc.

**SUITE B**

**City & State**

**PENSACOLA FL**

**City & State**

**PENSACOLA FL**

**Zip**

**32534**

**Country**

**ESCANBAN**

**Zip**

**32534**

**Country**

**ESCANBAN**

01252006

Chg-P

CR2E034 (11/05)

**4. FEI Number**

**59-2835740**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STEVENSON, FRANK E  
744 E. BURGESS ROAD  
SUITE E-104  
PENSACOLA, FL 32504**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PDST ☐ Delete  
NAME STEVENSON, FRANK E  
STREET ADDRESS 744 E. BURGESS ROAD SUITE E-104  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PDST ☒ Change ☐ Addition  
NAME STEVENSON, FRANK E  
STREET ADDRESS 744 W. NINE MILE RD SUITE B  
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**2/8/06**

Date

Daytime Phone #