

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # K04011 1. Entity Name LANDMARK TITLE OF FLORIDA, INC.	
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Principal Place of Business 2701 OKEECHOBEE BLVD #200 WEST PALM BEACH, FL 33409 US	Mailing Address 2701 OKEECHOBEE BLVD #200 WEST PALM BEACH, FL 33409 US
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0012025	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAIG, STEVEN L. 2701 OKEECHOBEE BLVD #200 WEST PALM BEACH, FL 33409	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		000000301511 04/13/05-80036-002 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS CRAIG, STEVEN L. 2701 OKEECHOBEE BLVD #200 WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHAVERDI, SHERRY J. 2701 OKEECHOBEE BLVD #200 WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherry J. Shaverdi, V.P. 4/11/05 561-681-6500
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SHERRY J. SHAVERDI