

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L46803

1. Entity Name
FIRST NATIONWIDE TITLE COMPANY



Principal Place of Business
**1206 MILLENNIUM PARKWAY
SUITE 2000
BRANDON, FL 33511 US**

Mailing Address
**P.O. BOX 2638
BRANDON, FL 33509-2638 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3085562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SULLIVAN, JOHN E.
1206 MILLENNIUM PARKWAY
SUITE 2000
BRANDON, FL 33511**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000884393
04/17/08-80042-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SULLIVAN, JOHN E.
STREET ADDRESS	1206 MILLENNIUM PARKWAY, SUITE 2000
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	SULLIVAN, KAY B.
STREET ADDRESS	1206 MILLENNIUM PARKWAY, SUITE 2000
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. SULLIVAN 4/3/08 813-681-3480

Date

Daytime Phone #