

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000013241

1. Entity Name
SOUTH FLORIDA TITLE SEARCH AND SERVICE CORPORATION



Principal Place of Business
**C/O ARLENE LEIBMANN, 10836 N.W. 7TH ST.
CORAL SPRINGS, FL 33071**

Mailing Address
**C/O ARLENE LEIBMANN, 10836 N.W. 7TH ST.
CORAL SPRINGS, FL 33071**



01142005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1090056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEIBMANN, ARLENE
10836 N.W. 7TH ST.
CORAL SPRINGS, FL 33071**

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	D LEIBMANN, ARLENE C/O ARLENE LEIBMANN, 10836 N.W. 7TH ST. CORAL SPRINGS, FL 33071
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEIBMANN, JOHN 10836 NW 7TH STREET CORAL SPRINGS, FL 33071
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/15/06-80059-014 150.00

**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:

Arlene Leibmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06
Date

561-738-1202
Daytime Phone #