

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000099332

1. Entity Name
NATIONAL TITLE & CLOSING SERVICES, INC.



Principal Place of Business

**980 TYRONE BLVD
ST PETERSBURG, FL 33710**

Mailing Address

**980 TYRONE BLVD
ST PETERSBURG, FL 33710**



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3677991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BATTAGLIA, ANTHONY S
980 TYRONE BLVD
ST PETERSBURG, FL 33710**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000269853
03/19/05-80020-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BATTAGLIA, ANTHONY S
STREET ADDRESS	980 TYRONE BLVD
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	ST
NAME	ROSS, HOWARD P
STREET ADDRESS	980 TYRONE BLVD.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
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 exemption stated in Section 19.07(3)(f), 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: Howard P. Ross, Secretary 727-381-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard P. Ross 3/14/05