


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90243 035 ***150.00

DOCUMENT # P00000105685 1. Entity Name SOCKOL & ASSOCIATES TITLE COMPANY	
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Principal Place of Business 111 2ND AVE. NE SUITE 1401 ST. PETERSBURG, FL 33701	Mailing Address 111 2ND AVE. NE SUITE 1401 ST. PETERSBURG, FL 33701
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14008966



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3683139	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SOCKOL, DAVID J 111 2ND AVE. NE SUITE 1401 ST. PETERSBURG, FL 33701

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCKOL, DAVID J ESQ. P, S, T 111 SECOND AVENUE NE, SUITE 1401 ST. PETERSBURG, FL 33701
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**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 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: *David J. Sockol*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 **777 822-5200**
Date Daytime Phone #