


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90057 030 ***150.00

DOCUMENT # P01000044852		
1. Entity Name ABLE TITLE PROFESSIONALS, INC.		

Principal Place of Business 720 GOODLETTE RD. SOUTH, SUITE 304 NAPLES, FL 34102	Mailing Address 720 GOODLETTE RD. SOUTH, SUITE 304 NAPLES, FL 34102
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2. Principal Place of Business 720 Goodlette Rd. N.		3. Mailing Address 720 Goodlette Rd. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01272005 Chg-P CR2E034 (10/03)

4. FEI Number 60-0000493	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SHAPIRO, MARC L 720 GOODLETTE RD. SOUTH, SUITE 304 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 720 Goodlette Road N. City _____ FL Zip Code _____	
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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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SHAPIRO, MARC L. N. 720 GOODLETTE RD. SOUTH , SUITE 304 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marc L Shapiro* **1/25/05** **339-274-7474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #