

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000070658

1. Entity Name
SOUTHWEST FLORIDA TITLE INSURANCE, INC.



Principal Place of Business
**2180 WEST FIRST STREET
SUITE 401
FORT MYERS, FL 33901 US**

Mailing Address
**2180 WEST FIRST STREET
SUITE 401
FORT MYERS, FL 33901 US**



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0417107

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, BRIAN
2180 WEST FIRST STREET
SUITE 401
FORT MYERS, FL 33901**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREEMAN, BRIAN
STREET ADDRESS	2180 WEST FIRST STREET, STE 401
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000163160
07/06/04-80002-009 150.00

**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: *Brian Freeman* **Brian Freeman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/04

DATE

239-226-4236

DAYTIME PHONE #