

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070658

**FILED**  
**Apr 14, 2005**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA TITLE INSURANCE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

4245 FOWLERT STREET  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

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

**New Mailing Address:**

4245 FOWLER STREET  
FORT MYERS, FL 33901 US

**FEI Number:** 03-0417107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

FREEMAN, BRIAN  
4245 FOWLER STREET  
FORT MYERS, FL 33901 US

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.

**SIGNATURE:** BRIAN FREEMAN

04/14/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** FREEMAN, BRIAN  
**Address:** 2180 WEST FIRST STREET, STE 401  
**City-St-Zip:** FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** FREEMAN, BRIAN  
**Address:** 4245 FOWLER STREET  
**City-St-Zip:** FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** BRIAN FREEMAN

D

04/14/2005

Electronic Signature of Signing Officer or Director

Date