

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P01000110335

1. Entity Name
MSC TITLE INC.



Principal Place of Business
100 S WASHINGTON BLVD.
SARASOTA, FL 34236

Mailing Address
100 S WASHINGTON BLVD.
SARASOTA, FL 34236



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REES, PAULA
100 S WASHINGTON BLVD.
SARASOTA, FL 34236

**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)

01-23-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00000706261
04/24/07-80027-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SAUNDERS, MICHAEL
STREET ADDRESS	100 S WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	ST
NAME	REES, PAULA
STREET ADDRESS	100 S WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	P
NAME	SAUNDERS, DRAYTON
STREET ADDRESS	100 S WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236
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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-07 941-953-7900

Date

Daytime Phone #