


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90011 048 \*\*\*550.00

**DOCUMENT # P02000017145**

1. Entity Name  
**CALUSA TITLE, INC.**




Principal Place of Business  
**1102 1/2 N. COLLIER BLVD.  
 MARCO ISLAND, FL 34145**

Mailing Address  
**1102 1/2 N. COLLIER BLVD.  
 MARCO ISLAND, FL 34145**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



07252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**02-0674474**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREUSEL, JAMIE B**  
**1104 N. COLLIER BLVD.**  
**MARCO ISLAND, FL 34145**

**7. Name and Address of New Registered Agent**

Name **PATRICK G. FITZMORRIS**

Street Address (P.O. Box Number is Not Acceptable)  
**410 Robin Hood Circle #202**

City **NAPLES** FL Zip Code **34104**

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  **PATRICK FITZMORRIS** **7-24-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

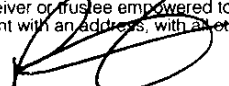
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FITZMORRIS, PATRICK G</b> <b>1102 1/2 N COLLIER BLVD</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PATRICK FITZMORRIS</b> <b>410 Robin Hood Circle #202</b> <b>NAPLES FL 34104</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  **PATRICK FITZMORRIS** **7-24-07** **239 682 8069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #