

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000065488

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ST. LUCIE TITLE SERVICES, INC.

**Current Principal Place of Business:**

800 VIRGINIA AVENUE  
SUITE 47  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

800 VIRGINIA AVENUE  
SUITE 47  
FT. PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** 03-0462482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA PA  
1840 SW 22 STREET 4TH FL  
MIAMI, FL 33145 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: WALTERS, CHARLOTTE M  
Address: 800 VIRGINIA AVE. SUITE 47  
City-St-Zip: FT. PIERCE, FL 34982

Title: V  
Name: WALTERS, RALPH W  
Address: 800 VIRGINIA AVE. SUITE 47  
City-St-Zip: FT. PIERCE, FL 34982

I hereby 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 all other like empowered.

SIGNATURE: RALPH WALTERS

V

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date