

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P02000086813

1. Entity Name  
BONITA TITLE, INC.



Principal Place of Business  
8800 TERRENE COURT  
SUITE 105  
BONITA SPRINGS, FL 34135

Mailing Address  
8800 TERRENE COURT  
SUITE 105  
BONITA SPRINGS, FL 34135



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2527367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

MONTENDSEN, ANDREW G  
8800 TERRENE COURT  
SUITE 105  
BONITA SPRINGS, FL 34135

**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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000720742  
05/01/07-80119-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DV
NAME	TOOLE, TIMOTHY D
STREET ADDRESS	8800 TERRENE CT., SUITE 105
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	DP
NAME	MORTENSEN, ANDREW G
STREET ADDRESS	8800 TERRENE CT., SUITE 105
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	D
NAME	DEANGELIS, JOHN M
STREET ADDRESS	8800 TERRENE CT., SUITE 105
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	D
NAME	DIAMOND, DAVID B
STREET ADDRESS	8800 TERRENE CT., SUITE 105
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

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:

*Andrew G. Mortensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 234-948-2109

Date

Daytime Phone #