


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 024 \*\*\*150.00

**DOCUMENT # P02000089156**

1. Entity Name  
**TITLE SECURITY II, INC.**



Principal Place of Business  
**2552 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33713**

Mailing Address  
**2552 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33713**

**50009153**



2. Principal Place of Business  
**575 2nd Ave. S.**

3. Mailing Address  
**575 2nd Ave. S.**

Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

Zip  
**33701**

Country  
**Pinellas**

Zip  
**33701**

Country  
**Pinellas**

4. FEI Number  
**54-2068088**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FORD, HARVEY A**  
**2552 FIRST AVENUE NORTH**  
**SAINT PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**575 2nd Ave. S.**

City  
**St. Petersburg** **FL** Zip Code  
**33701**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, HARVEY A <del>2552 FIRST AVENUE NORTH</del> SAINT PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>575 2nd Ave S.</b> <b>St. Petersburg, FL 33701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, STEPHENSON 575 SECOND AVE S, SUITE 211 ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN E JR. 575 SECOND AVE S, SUITE 211 ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, J C <del>800 CENTRAL AVE, SUITE 1410</del> ST. PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2905 4th St. N.</b> <b>St. Petersburg, FL 33704</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 all other like empowered.

SIGNATURE:  **3-21-06** **895-6200**

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