

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90042 001 \*\*\*150.00

**DOCUMENT # P02000089156**

1. Entity Name  
TITLE SECURITY II, INC.



Principal Place of Business  
575 2ND AVE S.  
SAINT PETERSBURG, FL 33701

Mailing Address  
575 2ND AVE S.  
SAINT PETERSBURG, FL 33701



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2068088	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

FORD, HARVEY A  
575 2ND AVE. S.  
SAINT PETERSBURG, FL 33701

**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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FORD, HARVEY A
STREET ADDRESS	575 2ND AVE. S
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701

TITLE	D
NAME	ANDERSON, STEPHENSON
STREET ADDRESS	575 SECOND AVE S, SUITE 211
CITY - ST - ZIP	ST. PETERSBURG, FL 33701

TITLE	D
NAME	ANDERSON, JOHN E JR.
STREET ADDRESS	575 SECOND AVE S, SUITE 211
CITY - ST - ZIP	ST. PETERSBURG, FL 33701

TITLE	D
NAME	RUSSELL, J C
STREET ADDRESS	2905 4TH ST N.
CITY - ST - ZIP	SAINT PETERSBURG, FL 33704

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

Date

Daytime Phone #

x14