

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90039 003 \*\*\*150.00

**DOCUMENT # P02000120271**

1. Entity Name  
**THE CLOSING CONNECTION TITLE AND ESCROW, INC.**



Principal Place of Business  
**950 S. PINE ISLAND RD.  
SUITE 1007  
PLANTATION, FL 33324**

Mailing Address  
**950 S. PINE ISLAND RD.  
SUITE 1007  
PLANTATION, FL 33324**

**40004798**



2. Principal Place of Business  
**7890 Peters Road**

3. Mailing Address  
**7890 Peters Road**

Suite, Apt. #, etc.  
**G-109**

Suite, Apt. #, etc.  
**G-109**

01122005 Chg-P CR2E034 (10/03)

City & State  
**Plantation, FL**

City & State  
**Plantation, FL**

4. FEI Number  
**65-1131284**

Applied For  
☐ Not Applicable

Zip  
**33324**

Country

Zip  
**33324**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERMAN, BRUCE ESQ.  
1401 EAST BROWARD BOULEVARD  
SUITE 206  
FORT LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 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 **D** ☐ Delete  
NAME **PASCAL, LOIS L**  
STREET ADDRESS **950 S. PINE ISLAND RD. #1007**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Pascal, Lois L.**  
STREET ADDRESS **7890 Peters Road, G-109**  
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**Lois Pascal**

**1-18-05**

**954-727-9013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #