

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90186 025 ***150.00

DOCUMENT # P02000123278

1. Entity Name
ELITE TITLE, INC.



Principal Place of Business
1120 S PARROTT AVE
OKEECHOBEE, FL 34974 US

Mailing Address
P.O. BOX 1615
OKEECHOBEE, FL 34973 US

50048426



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0581867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WATFORD, FRANCES E Watford-Kirton Frances
2015 NE 431ST LN. 8643 NE 48th St
OKEECHOBEE, FL 34972

**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

Frances E. Watford-Kirton

Signature, typed or printed name of registered agent and his, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/05
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

TITLE	P
NAME	WATFORD, FRANCES E Watford-Kirton, Frances
STREET ADDRESS	1120 S PARROTT AVE 8643 NE 48th St
CITY-ST-ZIP	OKEECHOBEE, FL 34974 34972
TITLE	S
NAME	WATFORD, FRANCES E Watford-Kirton, Frances
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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 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:

Frances E. Watford-Kirton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/29/05 803-824-0800