


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90298 047 ***150.00

DOCUMENT # P03000036011							
1. Entity Name PALM CITY TITLE, INC.							
Principal Place of Business 1172 SW 30TH STREET, SUITE 200 PALM CITY FL 34990			Mailing Address 1172 SW 30TH STREET, SUITE 200 PALM CITY FL 34990				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 41-2091659 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent DEGREGORY, FRANK A 5186 SW 48TH AVE PALM CITY FL 34990			7. Name and Address of New Registered Agent				
Name			Name				
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)				
City			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 <u>Barbara DeGregory</u> (NOTE: Registered Agent signature required when reinstating)							
Signature, typed or printed name of registered agent and title if applicable							
DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees							
Trust Fund Contribution.							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEGREGORY, BARBARA A 1172 SW 30TH STREET, SUITE 200 PALM CITY FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1172 SW 30th St., Suite 3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kimberly A. Santoro 1172 SW 30th St., Suite 3 Palm City, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kimberly A. Santoro 1172 SW 30th St., Ste 3 Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" 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			
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			
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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 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: <u>Barbara DeGregory</u>			4/13/05				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			772-283-1460				
Date			Daytime Phone #				

