

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90561 022 \*\*\*150.00

DOCUMENT # P03000061237

1. Entity Name

1ST GUARANTEED TITLE, INC.



Principal Place of Business

486 W. HILLSBORO BLVD.  
DEERFIELD BEACH, 33441

Mailing Address

486 W. HILLSBORO BLVD.  
DEERFIELD BEACH, 33441

66017337



2. Principal Place of Business

4742 N.W. 2ND AVENUE

3. Mailing Address

4742 N.W. 2ND AVE.

Suite, Apt. #, etc.

BOCA RATON

Suite, Apt. #, etc.

BOCA RATON

City & State

FLORIDA

City & State

FLORIDA

Zip

33431 PALM BEACH

Zip

33431 PALM BEACH

04122005

Chg-P

CR2E034 (10/03)

4. FEI Number

APPLIED FOR 2125890

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRISCOLL, RITA A PRES.  
1251 S.E. 14TH STREET  
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

DRISCOLL, RITA A

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

4742 N.W. 2ND AVENUE

BOCA RATON

FL

Zip Code

33431

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-05

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
DRISCOLL, RITA  
1251 S.E. 14TH STREET  
DEERFIELD BEACH, FL 33441

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES.  
DRISCOLL, RITA  
4742 N.W. 2ND AVENUE  
BOCA RATON, FL 33431

☒ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
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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 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 #