

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90074 046 ***150.00

DOCUMENT # P03000077438

1. Entity Name

TITLE FIRST, INC.



Principal Place of Business

**2280-4TH STREET NORTH
ST PETERSBURG FL 33704**

Mailing Address

**2280-4TH STREET NORTH
ST PETERSBURG FL 33704**

2. Principal Place of Business

3. Mailing Address

4160 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
St. Petersburg FL**

Zip

Country

**Zip
33711**

Country

Pinellas

4. FEI Number

04-3778448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAMOND, LAURA M
2280-4TH STREET NROTH
ST PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name **Fay Mlinarich**

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

4160 Central Avenue

City **St. Petersburg**

FL

Zip Code **33711**

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

1/30/05

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☒ Delete
NAME **BAMOND, LAURA M**
STREET ADDRESS **2280-4TH STREET NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE **DV** ☐ Delete
NAME **MLINARICH, FAY B**
STREET ADDRESS **4144 B CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE **DV** ☐ Delete
NAME **MLINARICH, DEAN R**
STREET ADDRESS **4144 B CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **Mlinarich, Fay B**
STREET ADDRESS **4160 Central Ave**
CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE ☒ Change ☐ Addition
NAME **see above**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **Lou Anne Nagel**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DV Lou Anne Nagel**
STREET ADDRESS **2280 4th Street N.**
CITY-ST-ZIP **St. Petersburg, FL 33704**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/05

727 458 6523