

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90007 036 ***150.00

DOCUMENT # P03000096524

1. Entity Name
PLATINUM LAND TITLE AGENCY, INC.



Principal Place of Business
**413 WILLARD AVENUE
LEHIGH ACRES, FL 33936**

Mailing Address
**413 WILLARD AVENUE
LEHIGH ACRES, FL 33936**

54061015



2. Principal Place of Business
4706 SE 9th Place
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State
Cape Coral, FL 33904
Zip
33904 Country
Lee

City & State
Zip Country

4. FEI Number
20-0195836 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BURT, MARGARET G
413 WILLARD AVENUE
LEHIGH ACRES, FL 33936**

7. Name and Address of New Registered Agent

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P, S, T** ☐ Delete
NAME **BURT, MARGARET G**
STREET ADDRESS **413 WILLARD AVENUE**
CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE **D, VP** ☐ Delete
NAME **KING, CHARLES**
STREET ADDRESS **17400 CORKSCREW ROAD**
CITY-ST-ZIP **ESTERO, FL 33928**

TITLE **D** ☐ Delete
NAME **GAINES, SHARON A**
STREET ADDRESS **1 WELLINGTON DRIVE**
CITY-ST-ZIP **MASSENA, NY 13676**

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

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

TITLE ☐ Change ☒ Addition
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: **Margaret G Burt, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/04
Date

239-945-3013
Daytime Phone #