2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2005 8:00 am
Secretary of State
03-24-2005 90033 032 ***150.00

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1. Entity Name
PLATINUM LAND TITLE AGENCY, INC.

66011131

Principal Place of Business	Mailing Address
4706 SE 9TH PLACE CAPE CORAL, FL 33904	413 WILLARD AVENUE LEHIGH ACRES, FL 33936

01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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: Margaret G Burt, President DATE: 3/18/05
(Signature, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

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	BURT, MARGARET G
STREET ADDRESS	413 WILLARD AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	D
NAME	KING, CHARLES
STREET ADDRESS	17400 CORKSCREW ROAD
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	GAINES, SHARON A
STREET ADDRESS	1 WELLINGTON DRIVE
CITY-ST-ZIP	MASSENA, NY 13676
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Margaret G Burt, President 3/18/05 239 425 6870
(SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR) (Date) (Daytime Phone #)