

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90259 041 ***150.00

DOCUMENT # P03000098408

1. Entity Name
ATLAS TITLE, INC.



Principal Place of Business
**14651 PALM BEACH BLVD 106A
FORT MYERS, FL 33905**

Mailing Address
**14651 PALM BEACH BLVD 106A
FORT MYERS, FL 33905**

66009403



02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0123251

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KETCHUM, SCOTT M ESQ.
692 GOODLETTE ROAD NORTH
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2006 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
**PTD
KETCHUM, SCOTT M
692 GOODLETTE ROAD NORTH
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVD
MARTINEZ, JEREMY
13486 CARIBBEAN BLVD
FT. MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 exemptions contained in Chapter 119, 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

4/2/06 239-4030148

ATTACHMENT
Filing Instructions

06009403

Florida
2006 Uniform Business Report (UBR)

NAME: Atlas Title, Inc. #P03000098408

DUE DATE: May 1, 2006.

REMITTANCE: A check in the amount of \$150 should be made payable to the Florida Department of State

SIGNATURE: The original return should be signed and dated on Page 1 at the red check marks by an authorized officer of the corporation

MAIL TO: Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314