

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90199 047 \*\*\*150.00

**DOCUMENT # P04000098414**

1. Entity Name  
**CLEAR TITLE INSURANCE, INC.**



Principal Place of Business  
**8596 ARLINGTON EXPRESSWAY  
SUITE A  
JACKSONVILLE, FL 32211**

Mailing Address  
**8596 ARLINGTON EXPRESSWAY  
SUITE A  
JACKSONVILLE, FL 32211**

2. Principal Place of Business  
**1884 SOUTHAMPTON RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1884 SOUTHAMPTON RD**  
Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**  
Zip  
**32207** Country  
**USA**

City & State  
**JACKSONVILLE, FL**  
Zip  
**32207** Country

04132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**73-1709323**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NEACE, JEFFREY S  
8596 ARLINGTON EXPRESSWAY  
SUITE A  
JACKSONVILLE, FL 32211**

**7. Name and Address of New Registered Agent**

Name  
**ZULEMA COLEMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1884 SOUTHAMPTON ROAD**  
City  
**JACKSONVILLE** FL Zip Code  
**32207**

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

**4/28/05**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEACE, JEFFREY S</b>	
STREET ADDRESS	<b>8596 ARLINGTON EXPRESSWAY STE. A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32211</b>	
TITLE	<b>COLEMAN, STEVE ZULEMA</b>	<input type="checkbox"/> Delete
NAME	<b>DIRECTOR</b>	
STREET ADDRESS	<b>1884 SOUTHAMPTON ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
TITLE	<b>COLEMAN, STEVE</b>	<input type="checkbox"/> Delete
NAME	<b>DIRECTOR</b>	
STREET ADDRESS	<b>1884 SOUTHAMPTON RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: **-Zulema M. Coleman** **4/28/05 (904) 854-9010**  
Date Daytime Phone #