2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000117023

1. Entity Name
FIRST FLORIDA GUARANTY TITLE, INC.

Principal Place of Business	Mailing Address
10696 SOUTH FEDERAL HWY SUITE C PORT SAINT LUCIE, FL 34952	5596 SE LAMAY DR. STUART, FL 34997

DO NOT WRITE IN THIS SPACE

03062006   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-1485172	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORENSON, KIRK
5596 SE LAMAY DRIVE
STUART, FL 34997

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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

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	P
NAME	SORENSON, MAURA B
STREET ADDRESS	5596 SE LAMAY DR.
CITY-ST-ZIP	STUART, FL 34997

TITLE	VP
NAME	VERLINGER, TAMMIE
STREET ADDRESS	213 SW CHAPMAN AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _Maura B. Sorenson_   3-6-06   772-335-3577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #