

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129862

Entity Name: PALM TITLE ASSOCIATES, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

8695 COLLEGE PARKWAY, SUITE 254  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

8695 COLLEGE PARKWAY, SUITE 1191  
FORT MYERS, FL 33919 US

## Current Mailing Address:

8695 COLLEGE PARKWAY, SUITE 254  
FORT MYERS, FL 33919 US

## New Mailing Address:

8695 COLLEGE PARKWAY, SUITE 1191  
FORT MYERS, FL 33919 US

FEI Number: 20-1680278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DREXLER-HENSLEY, NANCY  
8695 COLLEGE PARKWAY, SUITE 254  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

DREXLER-HENSLEY, NANCY  
8695 COLLEGE PARKWAY, SUITE 1191  
FORT MYERS, FL 33919 US

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.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DREXLER-HENSLEY, NANCY PRES  
Address: 2247 28TH STREET  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D ( ) Delete  
Name: BREDICEAN, MAGDALENA VP  
Address: 1623 SE 6TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGDALENA BREDICEAN

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date