

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90012 033 \*\*\*150.00

**DOCUMENT # P05000033201**

1. Entity Name  
**TITLEWORKS OF S.W. FLORIDA, INC.**



Principal Place of Business  
**6315 PRESIDENTIAL COURT  
SUITE D  
FT. MYERS, FL 33919 US**

Mailing Address  
**6315 PRESIDENTIAL COURT  
SUITE D  
FT. MYERS, FL 33919 US**

40012292



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01042008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**73-1730075**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICH, MICHAEL  
6315 PRESIDENTIAL COURT  
SUITE D  
FT. MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **RICH, MICHAEL J**  
STREET ADDRESS **2005 CAPE HEATHER CIRCLE**  
CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **VP** ☒ Delete  
NAME **RICH, MARK P**  
STREET ADDRESS **6490 ARAGON WAY #202**  
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE **SEC** ☐ Delete  
NAME **RICH, DOLORES A**  
STREET ADDRESS **271 JEFFERSON PLACE**  
CITY-ST-ZIP **CANFIELD, OH 44406**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Sec/Treasurer**  
STREET ADDRESS **Dolores A. Rich**  
CITY-ST-ZIP **271-Jefferson Place**  
**Canfield Ohio 44406**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Michael J. Rich*  
**President**

Date

Daytime Phone #

**1-5-08 235-3320188**