

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 029 ***550.00

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1. Entity Name
CARWIN TITLE CO. INC.



Principal Place of Business
23412 OLDE MEADOW BROOK CIRCLE
BONITA SPRINGS, FL 34134

Mailing Address
23412 OLDE MEADOW BROOK CIRCLE
BONITA SPRINGS, FL 34134

50025822

2. Principal Place of Business
6150 Diamond Centre Ct

3. Mailing Address
5107 SW 3RD Ave.

Suite, Apt. #, etc.
Suite 600-3

Suite, Apt. #, etc.

City & State
Ft. Myers, FL.

City & State
Cape Coral, FL.

Zip
33912

Country
USA

Zip
33914

Country
USA

07052006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-3292052

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAREY, JOSEPH
1621 EL DORADO PARKWAY
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

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 *Joseph Carey*
Signature, typed or printed name of registered agent and title if applicable.

JOSEPH CAREY
(NOTE: Registered Agent signature required when reinstating)

8-15-06
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
CAREY, JOSEPH ☐ Delete
STREET ADDRESS 1621 EL DORADO PARKWAY
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE
NAME VPD
IRWIN, DAVID ☐ Delete
STREET ADDRESS 23412 OLDE MEADOW BROOK CIRCLE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME VPD. ☒ Change ☐ Addition
IRWIN, DAVID
STREET ADDRESS 5107 SW 3RD Ave.
CITY-ST-ZIP CAPE CORAL, FL. 33914

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: *Joseph Carey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH CAREY 8/15/06 239-561-0255
Date Daytime Phone #