

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
03-23-2006 90001 025 ***150.00
FILE P05000122251

06 JUL -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

DOCUMENT # P05000122251					
1. Entity Name FIRST CHARTER TITLE, INC.					
Principal Place of Business 127 W CHURCH AVENUE LONGWOOD, FL 32750			Mailing Address 127 W CHURCH AVENUE LONGWOOD, FL 32750		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0565230	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03082008 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUAREZ, LOUIS J JR. 127 W CHURCH AVENUE LONGWOOD, FL 32750			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 fee 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, LOUIS J JR. 127 W CHURCH AVENUE LONGWOOD, FL 32750 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLAHERTY, JOHN 127 W CHURCH AVENUE LONGWOOD, FL 32750 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>[Signature]</i>			LOUIS J SUAREZ 5/21/06 407 7881020		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Document corrected per Louis Suarez. SSC