


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90015 018 ***150.00

DOCUMENT # P06000034745 1. Entity Name TITAN PROPERTIES & DEVELOPMENT, INC.					
Principal Place of Business PO BOX 69 INVERNESS, FL 32617			Mailing Address PO BOX 69 INVERNESS, FL 32617		
2. Principal Place of Business - No P.O. Box # P.O. Box 69		3. Mailing Address P.O. Box 1869			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Anthony FL		City & State INVERNESS FL			
Zip 32617		Country Marion		Zip 34451	
Country CITRUS					
6. Name and Address of Current Registered Agent MCCOMAS, RANDY E 805 S MAGNOLIA AVE SUITE D OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete MCCOMAS, RANDY E PO BOX 69 INVERNESS, FL 32617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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>Randy McComas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4/27/07</i> <small>Date Daytime Phone #</small>		

40100600



04262007 Chg-P CR2E034 (12/06)

4. FEI Number **76-0823559** Applied For Not Applicable

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