


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90384 038 \*\*\*158.75

DOCUMENT # P06000074186	
1. Entity Name PREMIER TITLE OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 5210 PREVATT LANE S FORT MYERS FL 33905	Mailing Address 5210 PREVATT LANE S FORT MYERS FL 33905
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2. Principal Place of Business - No P.O. Box # 13240 N. Cleveland Ave	3. Mailing Address 13240 N. Cleveland Ave
Suite, Apt. #, etc. H7	Suite, Apt. #, etc. H7

1st MOORE CR2E034 (10/06)

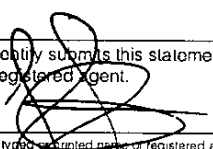
City & State N. Ft. Myers FL	City & State N. Fort Myers FL
Zip 33903	Zip 33903
Country Lee	Country Lee

4. FEI Number 20-5019461	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUCIUS, TONIA A 5210 PREVATT LANE S FORT MYERS FL 33905
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7. Name and Address of New Registered Agent Name Tonia A. Lucius Street Address (P.O. Box Number is Not Acceptable) 5210 S.E. 16th Street Cape Coral FL 33990 City FL Zip Code
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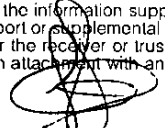
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Tonia A. Lucius President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE April 16, 2007
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST-ZIP	PS LUCIUS, TONIA A 5210 PREVATT LANE S FORT MYERS FL 33905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Tonia A. Lucius, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE April 16, 2007 239650-0302 Daytime Phone #
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