

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079927

FILED
Feb 16, 2007
Secretary of State

Entity Name: PRECISE TITLE OF FLORIDA, INC.

Current Principal Place of Business:

20 SOUTH ROSE AVENUE
SUITE 4
KISSIMMEE, FL 34741

New Principal Place of Business:

20 SOUTH ROSE AVENUE
SUITE 6
KISSIMMEE, FL 34741

Current Mailing Address:

20 SOUTH ROSE AVENUE
SUITE 4
KISSIMMEE, FL 34741

New Mailing Address:

20 SOUTH ROSE AVENUE
SUITE 6
KISSIMMEE, FL 34741

FEI Number: 16-1763094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLESPIE, JOHN
10250 FALCON PARC BLVD
207
ORLANDO, FL FL US

Name and Address of New Registered Agent:

MINARCIN, ROBERT
618 ALDAMA COURT
OCOE, FL 34761 US

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.

SIGNATURE: ROBERT MINARCIN

02/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLESPIE, JOHN
Address: 10250 FALCON PARC BLVD, #207
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S () Delete
Name: GILLESPIE, JOHN
Address: 10250 FALCON PARC BLVD, #207
City-St-Zip: KISSIMMEE, FL 34741 US

Title: T () Delete
Name: GILLESPIE, JOHN
Address: 10250 FALCON PARC BLVD, #207
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELSON, NATALIE
Address: 761 CRESTING OAK CIRCLE
City-St-Zip: ORLANDO, FL 32824 US

Title: S/T (X) Change () Addition
Name: LAZO, ANA F
Address: 2525 VOLTA CIRCLE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP (X) Change () Addition
Name: GILLESPIE, VICKI
Address: 10250 FALCON PARC BLVD, #207
City-St-Zip: ORLANDO, FL 32832 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE NELSON

P

02/16/2007

Electronic Signature of Signing Officer or Director

Date