

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067275

FILED
Feb 12, 2012
Secretary of State

Entity Name: GUARANTEE TITLE OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

4861 W. SPENCERFIELD RD
MILTON, FL 32571 US

New Principal Place of Business:

4861 W. SPENCERFIELD RD
PACE, FL 32571 US

Current Mailing Address:

4861 W. SPENCERFIELD RD
MILTON, FL 32571 US

New Mailing Address:

4861 W. SPENCERFIELD RD
PACE, FL 32571 US

FEI Number: 26-2992466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, SHARON C
3029 DAYBREAK LANE
MILTON, FL 32571 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FLEMING, SHARON C
Address: 3029 DAYBREAK LANE
City-St-Zip: MILTON, FL 32571 US

Title: VP
Name: FLEMING, SHARON C
Address: 3029 DAYBREAK LANE
City-St-Zip: MILTON, FL 32571 US

Title: S
Name: FLEMING, SHARON C
Address: 3029 DAYBREAK LANE
City-St-Zip: MILTON, FL 32571 US

Title: T
Name: FLEMING, SHARON C
Address: 3029 DAYBREAK LANE
City-St-Zip: MILTON, FL 32571 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON C. FLEMING

PRES

02/12/2012

Electronic Signature of Signing Officer or Director

Date