2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# P93000014400

Entity Name: COLLIER COUNTY TITLE COMPANY

Current Principal Place of Business:

11725 COLLIER BLVD
SUITE D
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

11725 COLLIER BLVD
SUITE D
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 65-0516162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIEKART, BARBARA G
629 SQUIRE CIR APT #201
NAPLES, FL 34104 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SCHWEIKHARDT, WILLIAM
Address: 900 SIXTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: PS ( ) Delete
Name: PIEKART, BARBARA G
Address: 325 6TH STREET N.E.
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA G. PIEKART PRES 04/01/2005

Electronic Signature of Signing Officer or Director Date