

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000083694**

1. Entity Name  
**PREMIER TITLE COMPANY, INC.**



Principal Place of Business  
**151 ROYAL PALM WAY  
SECOND FLOOR  
PALM BEACH, FL 33480 US**

Mailing Address  
**151 ROYAL PALM WAY  
SECOND FLOOR  
PALM BEACH, FL 33480 US**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0454163</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BAKER, BERNARD R III  
777 S FLAGLER DR  
SUITE 500 E  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPTS
NAME	BAKER, BERNARD E III
STREET ADDRESS	777 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	DV
NAME	BEALL, KENNETH S JR
STREET ADDRESS	777 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	DV
NAME	GRAHAM, ROBERT M
STREET ADDRESS	777 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	DV
NAME	MACKLER, DANIEL M
STREET ADDRESS	500 E BROWARD BLVD., STE 1400
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394

TITLE	V
NAME	BUDD, PAULA
STREET ADDRESS	151 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL 33480

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000728792  
05/08/07-80014-007 700.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

561-650.0505

Daytime Phone #