

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90010 038 ***150.00

DOCUMENT # P94000021756

1. Entity Name
FIRST TEAM TITLE, INC.



Principal Place of Business
~~2635 MCCORMICK DR.~~ *411 Windward*
CLEARWATER, FL ~~33759~~ *33767* *PSG*

Mailing Address
ATTN TERRY HASLEY
411 WINDWARD PASSAGE
CLEARWATER, FL 33767-2330

2. Principal Place of Business - No P.O. Box #
411 Windward Psg.

Suite, Apt. #, etc.

3. Mailing Address
↓

Suite, Apt. #, etc.

City & State
Clearwater, FL

Zip
33767

Country
USA

City & State

Zip

Country

01112008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3249557

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDATA, MARTIN A
~~2635 MCCORMICK DR STE 101~~ *411 Windward Psg.*
CLEARWATER, FL ~~33759~~ *33767*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PEDATA, MARTIN A	<i>411 Windward Psg.</i>
STREET ADDRESS	2635 MCCORMICK DR STE 101	
CITY - ST - ZIP	CLEARWATER, FL 33759 <i>33767</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASLEY, STEVEN M	
STREET ADDRESS	2635 MCCORMICK DR STE 101 <i>411 Windward</i>	
CITY - ST - ZIP	CLEARWATER, FL 33759 <i>33767</i> <i>PSG</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

Date

Daytime Phone #

TMH Sec. 1/23/08 727-419-8544