2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P94000064984

Entity Name: PARTNERS TITLE, INC.

Current Principal Place of Business:

2810 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE, FL 33306 US

New Principal Place of Business:

Current Mailing Address:

297 TROPIC DRIVE
LAUDERDALE BY THE SEA, FL 33308 US

New Mailing Address:

FEI Number: 65-0526268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAYMOND E. GLYNN
2810 E OAKLAND PARK BLVD
#200
FT LAUDERDALE, FL 33306 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: DCEO ( ) Delete
Name: REVIER, LARRY
Address: 2810 E OAKLAND PARK BLVD #200
City-St-Zip: FT LAUDERDALE, FL 33306

Title: DP ( ) Delete
Name: GLYNN, RAYMOND
Address: 2810 E OAKLAND PARK BLVD #200
City-St-Zip: FT LAUDERDALE, FL 33306

Title: VP ( ) Delete
Name: CAILLAUD, PAUL
Address: 2810 E OAKLAND PARK BLVD, SUITE 200
City-St-Zip: FT LAUDERDALE, FL 33306

Title: VP ( ) Delete
Name: GLYNN, DEBORAH F
Address: 2810 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP ( ) Delete
Name: SICILIA, RICK
Address: 2810 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP ( ) Delete
Name: NELKE, DEANA
Address: 2810 E. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: PAUL A. CAILLAUD, ESQ. ATTY 04/29/2009

Electronic Signature of Signing Officer or Director Date