

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90102 003 ***150.00

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1. Entity Name
TAMPA TITLE COMPANY



Principal Place of Business
**3321 HENDERSON BLVD
TAMPA, FL 33609**

Mailing Address
**3321 HENDERSON BLVD
TAMPA, FL 33609**

20034298



DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3271731

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COHN, ROY W
3321 HENDERSON BLVD
TAMPA, FL 33609**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
GIBBONS, GARY A.
3321 HENDERSON BLVD
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NEUMAN, ROD B.
3321 HENDERSON BLVD
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COHN, ROY W.
3321 HENDERSON BLVD
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIBBONS, KIRK M. David Seidenberg
3321 HENDERSON BLVD 3717 North "B" St.
TAMPA, FL Tampa, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, CAREY R Marilyn Bergman-Perez
3321 HENDERSON BLVD 3601 W. Jefferson Ave
TAMPA, FL Tampa, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05
Date

813-877-9222
Daytime Phone #