

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90412 023 \*\*\*150.00

DOCUMENT # P94000070697

1. Entity Name  
TAMPA TITLE COMPANY



Principal Place of Business  
3321 HENDERSON BLVD  
TAMPA, FL 33609

Mailing Address  
3321 HENDERSON BLVD  
TAMPA, FL 33609

40071728



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3271731	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

GIBBONS, GARY A  
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, 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 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 GIBBONS, KIRK 3321 HENDERSON BLVD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>CASTRO, NOLAN</del> 3502 HENDERSON BLVD TAMPA, FL 33609 <i>Sandra Ernst 4508 Henderson Tampa, FL 33609</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INCLAN, CARMEN 7650 COURTNEY CAMPBELL CAUSEWAY TAMPA, FL 33607
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 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, title or other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gary A. Gibbons, President*  
4/17/07 813-877-9222  
Date Daytime Phone #