

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-16-2005 90002018 ***150.00
P96000001511

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40088365

DOCUMENT # P96000001511

1. Entity Name
AMERICAN CONSOLIDATED TITLE, INC.



Principal Place of Business
7700 N KENDALL DRIVE STE 304
MIAMI, FL 33156

Mailing Address
7700 N KENDALL DRIVE STE 304
MIAMI, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0635200

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAUGHNESSY, MICHAEL W
7700 N KENDALL DRIVE STE 304
PINECREST, FL 33156

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 renewing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
SHAUGHNESSY, MICHAEL W
12120 SW 68 CT 7700 N Kendall Dr, #304
PINECREST, FL 33156 MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
SHAUGHNESSY, JULIANNE
12120 SW 68 CT 7700 N Kendall Dr #304
MIAMI, FL 33156 MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

786 252 3494

Daytime Phone #