

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000010773

1. Entity Name
CLARION TITLE COMPANY



Principal Place of Business
**250 TEQUESTA DRIVE, SUITE 250
TEQUESTA, FL 33469**

Mailing Address
**250 TEQUESTA DRIVE, SUITE 250
TEQUESTA, FL 33469**



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0675667** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CICALESE, PATRICK
250 TEQUESTA DRIVE, SUITE 250
TEQUESTA, FL 33469**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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**
NAME **CICALESE, PATRICK**
STREET ADDRESS **250 TEQUESTA DRIVE, SUITE 250**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **D**
NAME **CIOFFI, JAMES**
STREET ADDRESS **250 TEQUESTA DRIVE, SUITE 250**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000483329
04/11/06-80115-015 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **JAMES A CIOFFI**
President 3/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561
247-6000**