

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000053427

1. Entity Name
ESQUIRE TITLE SERVICES, INC.



Principal Place of Business

1019 TOWN CENTER DR
STE 100
ORANGE CITY, FL 32763 US

Mailing Address

1019 TOWN CENTER DR
STE 100
ORANGE CITY, FL 32763 US

FILED
Apr 21, 2008 08:00 AM
Secretary of State



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3388264

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOOKER, KIM C
1019 TOWN CENTER
STE 100
ORANGE CITY, FL 32763

**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, 2008 Fee will be \$550.00**

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

1100000908090

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BOOKER, KIM C
1019 TOWN CENTER DR, STE 100
ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARSHALL, RANDALL J
1019 TOWN CENTER DR, STE 100
ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WHITE, CHRISTINE M
1019 TOWN CENTER DR, STE 100
ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE _____

Christine M. White

Christine M. White 4/17/08 (386) 851-0655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #