

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000067098 1. Entity Name LAND TITLE PLAZA, INC.	
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Principal Place of Business 2632 NW 43RD ST BLDG B-92 GAINESVILLE, FL 32606	Mailing Address 2632 NW 43RD ST BLDG B-92 GAINESVILLE, FL 32606
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03152006 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-3394954	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROOKER, DONNA L 2632 NW 43RD ST BLDG B-92 GAINESVILLE, FL 32606

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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 reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZYLINSKI, PATRICIA 3604 NW 30TH PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, WAYNE L 1434 NW 7TH RD GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKER, MARVIN A JR 924 NW 18TH TER GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BROOKER, DONNA L 7011 NW 52 TERRACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000524148
05/03/06-80102-012 150.00

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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 507, 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: Donna L Brooker **3-15-06 352 371 9453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DAYTIME PHONE #