

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000067098

1. Entity Name
LAND TITLE PLAZA, INC.



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



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

U00000644786
03/02/07-80059-001 150.00

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	

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:

Donna L Brooker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07

Date

352.283.1285

Daytime Phone #