


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P97000008483 1. Entity Name LIGHTHOUSE TITLE SERVICES, INC. |  |
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|---|---|
| Principal Place of Business 4420 BEACON CIRCLE SUITE 110 WEST PALM BEACH, FL 33407 US | Mailing Address 4420 BEACON CIRCLE SUITE 110 WEST PALM BEACH, FL 33407 US |
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04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 65-0721414 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent POSNER, MICHAEL J ESQ. 4420 BEACON CIRCLE SUITE 110 WEST PALM BEACH, FL 33407 |
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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 _____
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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WARD, PHILIP H III 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS DAMON, CONRAD 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV POSNER, MICHAEL J 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407 |
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04/23/07-80017-006 150.00

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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 of 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

4-10-2007 561-842-3000
Date Daytime Phone #