


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000009135					
1. Entity Name GUARDIAN TITLE INSURANCE COMPANY OF FLORIDA					
Principal Place of Business 2701 SOUTH BAYSHORE DRIVE SUITE 315 MIAMI FL 33133			Mailing Address 2701 SOUTH BAYSHORE DRIVE SUITE 315 MIAMI FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0744838	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ-MEDINA, JR., ROLAND SANCHEZ-MEDINA & ASSOCIATES, P.A. 2333 PONCE DE LEON BLVD, STE 302 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	



1st MOORE CR2E034 (10/05)

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, BRENDA E			NAME			
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE, SUITE 315			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33133			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCJOYNT, TIMOTHY J			NAME			
STREET ADDRESS	2701 SOUTH BAYSHORE DRIVE, SUITE 315			STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH FL 33133			CITY - ST - ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ-MEDINA, JR., ROLAND			NAME			
STREET ADDRESS	2333 PONCE DE LEON BLVD, SUITE 302			STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL 33134			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #