## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 30, 2005 08:00 AM DOCUMENT # P97000013265 **Secretary of State** 1. Entity Name PINNACLE TITLE COMPANY Principal Place of Business Mailing Address 12620 WORLD PLAZA LANE 12620 WORLD PLAZA LANE BLDG 60 STE 3 BLDG 60, SUITE 3 FT MYERS, FL 33907 FORT MYERS, FL 33907 03222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0726179 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WILHELMINA, DELLUTRI DO NOT WRITE 12620 WORLD PLAZA LANE BLDG 60 SUITE 3 IN THIS SPACE FORT MYERS, FL 33907 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST TITLE SMITH, DEBORAH H NAME STREET ADDRESS 915 PALM ST 加加加州234514 SANIBEL, FL 33957 U3/3U/05-80020-022 150.00 CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

NAME STREET ADDRESS CITY-ST-ZIP

A Charles AND TYPER OF PRINTED NAME OF STONING OF

3/28/05

Daytime Phone

**FILED**