



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90027 018 ***150.00

DOCUMENT # P97000043763 1. Entity Name ROYAL TITLE OF SOUTH FLORIDA, INC.					
Principal Place of Business 950 N COLLIER BLVD SUITE #302 MARCO ISLAND, FL 34145			Mailing Address 950 N COLLIER BLVD SUITE #302 MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box # 950 N. Collier Blvd.		3. Mailing Address 950 N. Collier Blvd		<div style="font-size: 24pt; font-weight: bold; transform: rotate(-5deg);">40016053</div> 	
Suite, Apt. #, etc. Suite # 426		Suite, Apt. #, etc. Suite # 426			
City & State Marco Island		City & State Marco Island			
Zip 34145		Country USA		01292008 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0755278		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, PATRICIA A 950 N COLLIER BLVD SUITE #302 MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name PATRICIA A. Miller Street Address (P.O. Box Number is Not Acceptable) 950 N. Collier Blvd. Suite # 426 City MARCO ISLAND FL Zip Code 34145	
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: <u><i>Patricia A. Miller, Pres. Patricia A. Miller</i></u> DATE: <u>1-29-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, PATRICIA A 1121 SWALLOW AVE #201 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, DAVID D 1121 SWALLOW AVE #201 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 an other like empowered.					
SIGNATURE: <u><i>David D. Miller</i></u> v.p. David D. Miller			Date: <u>1-29-08</u> Daytime Phone #: <u>239-394-2202</u>		