

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P97000063585

1. Entity Name  
GUARDIAN TITLE, INC.



Principal Place of Business  
1976 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406

Mailing Address  
1976 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0769479

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

EZZES, HENRY  
1976 S CONGRESS AV  
WEST PALM BEACH, FL 33406

**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

*Henry Ezzes*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1/26/06*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000105998  
02/07/06-80062-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME EZZES, HENRY  
STREET ADDRESS 1976 SOUTH CONGRESS AVENUE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE STD  
NAME EZZES, NANCY  
STREET ADDRESS 1976 SOUTH CONGRESS AVENUE  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Henry Ezzes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/06 561-964-1865*  
Date Daytime Phone #