


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000106595		
1. Entity Name SOUTHWEST FLORIDA TITLE SERVICES, INC.		

Principal Place of Business 2831 RINGLING BOULEVARD SUITE B-106 SARASOTA, FL 34237	Mailing Address 2831 RINGLING BOULEVARD SUITE B-106 SARASOTA, FL 34237
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01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0800384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BUTLER, VICTORIA L 2831 RINGLING BLVD STE B-106 SARASOTA, FL 34237		<b>DO NOT WRITE IN THIS SPACE</b>
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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 Victoria L. Butler DATE 3/1/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV BUTLER, VICTORIA L 6044 SHEPS ISLAND RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BUTLER, DAVID C 6044 SHEPS ISLAND RD. SARASOTA, FL 34241
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03/03/05-80008-021 150.00

**DO NOT WRITE IN THIS SPACE**

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: Victoria L. Butler DATE 3/1/05 DAYTIME PHONE # 941.954.6007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR