2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOC	JMFI	VT	#	P97	7000	110	16595

1. Entity Name

SOUTHWEST FLORIDA TITLE SERVICES, INC.



Principal Place of Business

Mailing Address

2831 RINGLING BOULEVARD SUITE B-106 SARASOTA, FL 34237

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DO NOT WRITE IN THIS SPACE

03162007 No Chg-P C	R2E034 (11/05)
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4. FEI Number Applied For S5-0800384 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, VICTORIA L 2831 RINGLING BLVD STE B-106 SARASOTA, FL 34237

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	ing \$5.00 May Be Added to Fees		000000674808 03/29/07-80085-021 150.00				
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV BUTLER, VICTORIA L 6044 SHEPS ISLAND RD SARASOTA, FL 34241								
TITLE NAME STREET ADDRESS CHY-ST-ZIP	ST BUTLER, DAVID C 6044 SHEPS ISLAND RD. SARASOTA, FL 34241								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS									

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 attact; ment with an address, with all other rigid empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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