


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90156 002 ***150.00

| | | |
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| DOCUMENT # P98000011094 | |  |
| 1. Entity Name CAPITAL TITLE AND TAG, INC. | | |

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| Principal Place of Business 2312 APALACHEE PKWY #7 TALLAHASSEE, FL 32301 | Mailing Address P.O. BOX 6041 TALLAHASSEE, FL 32314 |
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| 2. Principal Place of Business 410 Office Plaza Dr Suite, Apt. #, etc. | 3. Mailing Address 1560 Capital Circle Suite 16 City & State Tallahassee, FL 32303 |
| City & State Tallahassee, FL 32301 | City & State Tallahassee, FL 32303 |
| Zip Country | Zip Country |

02232006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3490236

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

Applied For
Not Applicable

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| 6. Name and Address of Current Registered Agent MCDONALD, GREG A 2711 BLAIRSTONE LANE TALLAHASSEE, FL 32301 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6301 S. Windwood Hill Circle City Tallahassee FL Zip Code 32311 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 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 | V MCDONALD, JULIA A 2312 APALACHEE PKWY, #7 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCDONALD, GREGORY A 2312 APALACHEE PKWY, #7 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6301 S. Windwood Hill Circle Tallahassee, FL 32311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6301 S. Windwood Hill Circle Tallahassee, FL 32311 |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Gregory A McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-7-06 Daytime Phone # 850 878-6774