

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90157 020 ***150.00

DOCUMENT # P98000035990

1. Entity Name
SUWANNEE TITLE SERVICES, INC.



Principal Place of Business

~~114 NE 1ST ST
DADE CITY, FL 32838~~

Mailing Address

~~114 NE 1ST ST
DADE CITY, FL 32838~~

2. Principal Place of Business

11 N.E. 4 Ave
Suite, Apt. #, etc.

3. Mailing Address

11 N.E. 4 Ave
Suite, Apt. #, etc.



01192005 Chg-P CR2E034 (10/03)

City & State
Chief Land FL

Zip Country
32626 LEUY

City & State
Chief Land FL

Zip Country
32626 LEUY

4. FEI Number
59-3510668

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

~~BURT THEODORE
114 NE 1ST ST
DADE CITY, FL 32838~~

7. Name and Address of New Registered Agent

Name
CYN DE LEE DALTON
Street Address (P.O. Box Number is Not Acceptable)
1710 ROSEMARY CIRCLE
City
BELL FL Zip Code
32619

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEVENS, KATHY 1710 OAK CIRCLE BELL, FL 32619 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEVENS, JENNIE 1818 ROSEMARY CIRCLE BELL, FL 32619 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALTON, CYN DELEE 1710 ROSEMARY CIRCLE BELL, FL 32619 <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	DVP STEVENS, GEORGE 1818 ROSEMARY CIRCLE BELL, FLORIDA 32619 <input type="checkbox"/> Change <input checked="" 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
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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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 **952-493-2564**
Date Daytime Phone #