

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000035990

1. Entity Name

SUWANNEE TITLE SERVICES, INC.



Principal Place of Business

11 N.E. 4 AVE
CHIEFLAND, FL 32626

Mailing Address

11 N.E. 4 AVE
CHIEFLAND, FL 32626



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3510668

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

DALTON, CYN DE L
1710 ROSEMARY CIRCLE
BELL, FL 32619

**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 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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	STEVENS, JENNIE
STREET ADDRESS	1818 ROSEMARY CIRCLE
CITY - ST - ZIP	BELL, FL 32619
TITLE	P
NAME	DALTON, CYN DELEE
STREET ADDRESS	1710 ROSEMARY CIRCLE
CITY - ST - ZIP	BELL, FL 32619
TITLE	DVP
NAME	STEVENS, GEORGE
STREET ADDRESS	1818 ROSEMARY CIRCLE
CITY - ST - ZIP	BELL, FL 32619
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/06-80109-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

Date

352-493-2564

Daytime Phone #