

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90102 027 ***150.00

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1. Entity Name

SURETY TITLE CORPORATION



Principal Place of Business

12355 COLLIER BLVD
SUITE D
NAPLES FL 34116

Mailing Address

12355 COLLIER BLVD
SUITE D
NAPLES FL 34116

00000374



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0858371

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLE, MARIO M
12355 COLLIER BLVD, SUITE F
NAPLES FL 34116

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME YETRI, RUTH E
STREET ADDRESS 7361 PEBBLE BEACH ROAD
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Change ☐ Addition
NAME Vetri, Ruth E.
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HUSS, LAWRENCE R
STREET ADDRESS 15360 SHAMROCK DRIVE SE
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME YALLE, MARIN M
STREET ADDRESS 961 MURCOTT DRIVE
CITY-ST-ZIP NAPLES FL 34120

TITLE ☒ Change ☐ Addition
NAME VALLE, MARIO M.
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☒ Delete
NAME BUCKMAN, GAIL
STREET ADDRESS 470 ELK CIRCLE
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPT ☐ Delete
NAME WOLFE, LAURA L.
STREET ADDRESS 4885 8th ST NE
CITY-ST-ZIP NAPLES, FL 34120

TITLE ☐ Change ☒ Addition
NAME WOLFE, LAURA L.
STREET ADDRESS 4885 8th ST NE
CITY-ST-ZIP NAPLES, FL 34120

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.05

Date

239.352.1805

Daytime Phone #