


Jan 09
Sec

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000102861				
1. Entity Name SWEETWATER TITLE CO., INC.				
Principal Place of Business 8110 S. SUNCOAST BLVD. HOMOSASSA, FL 34446	Mailing Address 8110 S. SUNCOAST BLVD. HOMOSASSA, FL 34446			
DO NOT WRITE IN THIS SPACE				
01062006 No Chg-P CR2E034 (11/05)				
4. FEI Number 59-3554836		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 2px;">Applied For</td></tr><tr><td style="padding: 2px;">Not Applicable</td></tr></table>	Applied For	Not Applicable
Applied For				
Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				
GOUGH, TRACY L 8110 S. SUNCOAST BLVD. HOMOSASSA, FL 34446		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	P	<div style="text-align: right; margin-bottom: 10px;">000000980745 01/11/06-80026-005 150.00</div> DO NOT WRITE IN THIS SPACE		
NAME	PONTICOS, STEVE			
STREET ADDRESS	7 BYRONSONIMA CT. W.			
CITY-ST-ZIP	HOMOSASSA, FL 34446			
TITLE	VP			
NAME	TATE, LARRY			
STREET ADDRESS	11 BYRONSONIMA CT W			
CITY-ST-ZIP	HOMOSASSA, FL 34446			
TITLE	S			
NAME	BRUNSINK, WAYNE			
STREET ADDRESS	14 CHINKAPIN CR			
CITY-ST-ZIP	HOMOSASSA, FL 34446			
TITLE	T			
NAME	CHRISTENSEN, ROBERT R			
STREET ADDRESS	4 SHORT LEAF CT. W.			
CITY-ST-ZIP	HOMOSASSA, FL 34446			
TITLE	D			
NAME	JACOBY, JAMES J			
STREET ADDRESS	4 QUAIL RUN			
CITY-ST-ZIP	HOMOSASSA, FL 34446			
TITLE	D			
NAME	GOUGH, TRACY L			
STREET ADDRESS	1554 SE PINWHEEL DR			
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429			
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: 		1-6-06 352-382-3339		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		