

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90053 017 ***150.00

DOCUMENT # P99000007174

1. Entity Name

TOUCHSTONE LAND TITLE, INC.



Principal Place of Business

215 MOUNTAIN DRIVE
SUITE 112
DESTIN FL 32541

Mailing Address

215 MOUNTAIN DRIVE
SUITE 112
DESTIN FL 32541



2. Principal Place of Business

12889 Emerald Coast Parkway

Suite, Apt. #, etc.
Suite 110-A

City & State
Destin, FL

Zip
32550

Country
USA

3. Mailing Address

12889 Emerald Coast Parkway

Suite, Apt. #, etc.
Suite 110-A

City & State
Destin, FL

Zip
32550

Country
USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3569125

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAHILL, DEBBIE L
215 MOUNTAIN DRIVE
SUITE 112
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

12889 Emerald Coast Parkway
Suite 110-A

City
Destin

FL

Zip Code
32550

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CAHILL10, DEBBIE L
103 WINDSPRAY COURT
SANTA ROSA BEACH FL 32459

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

2-15-06 850-622-2253