

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90053 024 ***158.75

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DOCUMENT # P99000027616					
1. Entity Name GREATER LAKELAND TITLE, INC.					
Principal Place of Business 1035 S. FLORIDA AVE., STE 101 LAKELAND, FL 33803-1165			Mailing Address 1035 S. FLORIDA AVE., STE 101 LAKELAND, FL 33803-1165		
2. Principal Place of Business 4406 So Florida Ave			3. Mailing Address 4406 So Florida Ave		
Suite, Apt. #, etc. 25			Suite, Apt. #, etc. 25		
City & State Lakeland, FL			City & State Lakeland, FL		
Zip 33813	Country USA	Zip 33813	Country USA	4. FEI Number 59-3568509 <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>	
5. Certificate of Status Desired XX				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILLESPIE, ROBIN L 6053 MORNINGDALE AVE LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Robin L Gillespie Street Address (P.O. Box Number is Not Acceptable) 221 White Cliff Blvd. City Auburndale FL Zip Code 33823		
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 Robin L Gillespie, President 2/2/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLESPIE, ROBIN L 6053 MORNINGDALE AVE LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLESPIE, ROBIN L. 221 White Cliff Blvd. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLESPIE, GLENN A SR 6053 MORNINGDALE AVE LAKELAND, FL 33813	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLESPIE, GLENN A. SR. 221 White Cliff Blvd. Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MISLOVIC, KELLIE A 4059 THE FENWAY MULBERRY, FL 33860	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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			Robin L Gillespie, President 2/2/05 <small>Date Daytime Phone #</small>		