

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90007 039 \*\*\*158.75

**DOCUMENT # P99000027616**

1. Entity Name  
**GREATER LAKELAND TITLE, INC.**



Principal Place of Business  
**4406 SO FLORIDA AVE  
25  
LAKELAND, FL 33813**

Mailing Address  
**4406 SO FLORIDA AVE  
25  
LAKELAND, FL 33813**

2. Principal Place of Business  
**5950 Imperialakes Blvd.  
Suite, Apt. #, etc.  
4**

3. Mailing Address  
**5950 Imperialakes Blvd.  
Suite, Apt. #, etc.  
4**



03082006 Chg-P CR2E034 (11/05)

City & State  
**Mulberry, FL**  
Zip  
**33860**  
Country  
**USA**

City & State  
**Mulberry, FL**  
Zip  
**33860**  
Country  
**USA**

4. FEI Number  
**59-3568509**  
Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GILLESPIE, ROBIN L  
221 WHITE CLIFF BLVD  
AUBURNDAL, FL 33823**

7. Name and Address of New Registered Agent  
Name  
**Robin L Gillespie**  
Street Address (P.O. Box Number is Not Acceptable)  
**3771 Willow Crest Blvd.**  
City  
**Mulberry** FL Zip Code  
**33860**

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* **Robin L. Gillespie, President** **3/8/06**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P GILLESPIE, ROBIN L 221 WHITE CLIFF BLVD AUBURNDAL, FL 33823</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V GILLESPIE, GLENN A SR 221 WHITE CLIFF BLVD AUBURNDAL, FL 33823</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>ST MISLOVIC, KELLIE A 4059 THE FENWAY MULBERRY, FL 33860</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robin L Gillespie 3771 Willow Crest Blvd. Mulberry, FL 33860</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Glenn A. Gillespie, Sr. 3771 Willow Crest Blvd. Mulberry, FL 33860</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 *Robin L Gillespie* **Robin L Gillespie, President** **3/8/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #