

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000031926

1. Entity Name
TWIN CITIES LAND TITLE, INC.



Principal Place of Business
862 W JOHNS SIMS PARKWAY
NICEVILLE, FL 32578

Mailing Address
862 W JOHNS SIMS PARKWAY
NICEVILLE, FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3564640

Applied For
Not Applicable

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

HORNE, LISA A
893 COLDWATER CREEK CIRCLE
NICEVILLE, FL 32578

Name Donna Siegal

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

862 W John Sims Parkway

City Niceville

FL

Zip Code 32578

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

LISA A HORNE

Signature typed or printed name of registered agent and title if applicable

Donna Siegal

(NOTE: Registered Agent signature required when reinstating)

4/28/06

DATE

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HORNE, LISA A
862 W JOHNS SIMS PARKWAY
NICEVILLE, FL 32578 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Donna Siegal
862 W John Sims Parkway
Niceville FL 32578 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000075553200
05/31/06--01023--006 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B S/25/06 ☐ Change ☐ 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:

Donna Siegal, President

4-28-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 MAY 19 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

