


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90056 002 \*\*\*150.00

<b>DOCUMENT # P99000037566</b> 1. Entity Name <b>PREMIER TITLE COMPANY OF TAMPA BAY, INC.</b>			
Principal Place of Business <b>5901 SUN BOULEVARD, SUITE 108</b> <b>ST PETERSBURG, FL 33715</b>		Mailing Address <b>111 SECOND AV NE</b> <b>SUITE 1001</b> <b>SAINT PETERSBURG, FL 33701 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>5901 Sun Blvd.</b> Suite, Apt. #, etc. <b>Suite 108</b> City & State <b>St Petersburg FL</b> Zip <b>33715</b> Country <b>USA</b>	
City & State  Zip		4. FEI Number <b>59-3573278</b>	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NICHOLAS F. LANG, P.A.</b> <b>5001 4TH ST N, SUITE A</b> <b>ST PETERSBURG, FL 33703</b>		7. Name and Address of New Registered Agent Name <b>Lang &amp; Brown P.A.</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DCVS LANG, NICHOLAS F 5001 4TH STREET N SUITE A ST PETERSBURG, FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SUTTER, HEATHER 111 SECOND AV NE SUITE 1001 SAINT PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/07 (727) 864-0844 Date Daytime Phone #	

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000037566

1. Entity Name  
PREMIER TITLE COMPANY OF TAMPA BAY, INC.



ATTACHMENT

40106699

Principal Place of Business  
5901 SUN BOULEVARD, SUITE 108  
ST PETERSBURG, FL 33715

Mailing Address  
111 SECOND AV NE  
SUITE 1001  
SAINT PETERSBURG, FL 33701 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
5901 Sun Blvd.  
Suite, Apt. #, etc.  
City & State  
Zip

04112007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3573278

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLAS F. LANG, P.A.  
5001 4TH ST N, SUITE A  
ST PETERSBURG, FL 33703

7. Name and Address of New Registered Agent

Name  
Lang & Brown, P.A.

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

City  
FL Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCVS	<input type="checkbox"/> Delete
NAME	LANG, NICHOLAS F	
STREET ADDRESS	5001 4TH STREET N SUITE A	
CITY-ST-ZIP	ST PETERSBURG, FL 33703	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	SUTTER, HEATHER	
STREET ADDRESS	111 SECOND AV NE SUITE 1001	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/07

Date

(727) 864-0844

Daytime Phone #