

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90164 043 \*\*\*150.00

**14003258**



04062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000061473</b> 1. Entity Name <b>DOLPHIN LAND TITLE, INC.</b>					
Principal Place of Business <b>155 CRYSTAL BEACH DR., STE. 400 DESTIN, FL 32541</b>			Mailing Address <b>155 CRYSTAL BEACH DR., STE. 400 DESTIN, FL 32541</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 215</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 215</b>			
City & State 		City & State 		4. FEI Number <b>59-3583480</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>SCHROEDER, STEPHANIE R</b> <b>155 CRYSTAL BEACH DR., STE. 400</b> <b>DESTIN, FL 32541</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O. Box Number is Not Acceptable) <b>Suite 215</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHROEDER, STEPHANIE 155 CRYSTAL BEACH DR, STE 400 DESTIN, FL 32541	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLE, HARROLL 155 CRYSTAL BEACH DR, STE 400 DESTIN, FL 32541	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTLE, JACQUE 155 CRYSTAL BEACH DR, STE 400 DESTIN, FL 32541	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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 fee empowered.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					