

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM  
Secretary of State

DOCUMENT # P99000101578

1. Entity Name  
GULFPORT CENTRAL TITLE COMPANY, INC.



Principal Place of Business  
5511 GULFPORT BLVD  
GULFPORT, FL 33707

Mailing Address  
5511 GULFPORT BLVD  
GULFPORT, FL 33707



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3610758

☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

HUNTER, LULU  
5511 GULFPORT BLVD S.  
GULFPORT, FL 33707

**DO NOT WRITE  
IN THIS SPACE**

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

1/5/06

**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	D
NAME	XAYASONE-HUNTER, LULU
STREET ADDRESS	5511 GULFPORT BLVD. S
CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	PVST
NAME	XAYASONE-HUNTER, LULU
STREET ADDRESS	5511 GULFPORT BLVD. S
CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000386791  
01/19/06-80014-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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

Date

Daytime Phone #

1-5-06 (727) 384-580