

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S80757

1. Entity Name
CROSS COUNTRY TITLE, INC.



Principal Place of Business
**5355 TOWN CENTER RD., STE 801
BOCA RATON, FL 33486**

Mailing Address
**5355 TOWN CENTER RD., STE 801
SUITE 114
BOCA RATON, FL 33486**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

01132006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0283885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POPKIN & SHURPIN P.A.
5355 TOWN CENTER RD., STE 801
BOCA RATON, FL 33486**

7. Name and Address of New Registered Agent

Name: **Edward D. Popkin, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
5355 Town Center Rd, Suite 801

Boca Raton

FL

Zip Code
33486

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 registering)

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 **DVPS** ☐ Delete
NAME **POPKIN, EDWARD D**
STREET ADDRESS **5355 TOWN CENTER RD., STE 801**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **PT** ☐ Delete
NAME **SIGEL, CARL E**
STREET ADDRESS **5355 TOWN CENTER RD., STE 801**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
U00000387348
01/19/06-80036-013 150.00

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

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

☐ Change ☐ Addition
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CITY-ST-ZIP

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

Edward D. Popkin

Date

Daytime Phone #

1-13-06 561-394-8333