## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # V06169

1. Entity Name

## GLOBAL TITLE COMPANY, A FLORIDA CORPORATION

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



Principal Place of Business Mailing Address 13500 N. TAMIAMI TRAIL 13500 N. TAMIAMI TRAIL SUITE 9 NAPLES FL 34110 SUITE 9 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FE Zip Country Zip Country **5.** C 6. Name and Address of Current Registered Agent 7. Na LAWHON, ANTHONY M Street Address (P.O. Bo PARISH, WHITE, LAWHON, MOORE, PA 2171 PINE RIDGE RD, STE D NAPLES FL 34109 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered age the obligations of registered agent.

## FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91065 039 \*\*\*150.00

WEUWUUPU

MOORE CR2E034 (11	/03)							
Number CE COECET	Applied For							
65-0352527	Not Applicable							
ificate of Status Desired								
ame and Address of New Registered Agent								
- ,	,							
x Number is Not Acceptable)								
FL	Zip Code							
nt, or both, in the State of Florida. I am familiar with, and accept								
nstating) DATE								

Afte	ILE NOW!!! FEE IS \$150.00  May 1, 2004 Fee will be \$550.00  Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OF		FICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS	PD GALY, ALBERT J. 13500 N. TAMIAMI TRAIL SUITE #9 NAPLES FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARGAI, LANA KAYE 13500 N. TAMIAMI TRAIL SUITE #9 NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANTZ, DENISE M 13500 N. TAMIAMI TRAIL SUITE #9 NAPLES FL 34110	Deléte	TITLE NAME STREET AODRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARNEY, LEE F 13500 N. TAMIAMI TRAIL SUITE #9 NAPLES FL 34110	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HURT, WILLIAM 13500 N. TAMIAMI TRAIL SUITE #9 NAPLES FL 34110	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition

(NOTE: Registered Agent signature required when rein

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

239-596-1330

Daytime Phone #