


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90060 045 ***158.75

DOCUMENT # V06169	
1. Entity Name GLOBAL TITLE COMPANY, A FLORIDA CORPORATION	

Principal Place of Business 13500 N. TAMiami TRAIL SUITE 9 NAPLES FL 34110 US	Mailing Address 13500 N. TAMiami TRAIL SUITE 9 NAPLES FL 34110 US
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2. Principal Place of Business - No P.O. Box # 3372 Woods Edge Circle Suite, Apt. #, etc. SUITE 103 City & State BONITA SPRINGS, FL Zip 34134 Country LEE	3. Mailing Address 3372 Woods Edge Circle Suite, Apt. #, etc. SUITE 103 City & State BONITA SPRINGS, FL Zip 34134 Country LEE
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1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent LAWHON, ANTHONY M PARISH, WHITE, LAWHON, MOORE, PA 2171 PINE RIDGE RD, STE D NAPLES FL 34109	
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4. FEI Number 65-0352527	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
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 <u>Lana Kaye Dargai</u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	DATE <u>2/7/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GALY, ALBERT J. 13500 N. TAMiami TRAIL SUITE #9 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARGAI, LANA KAYE 13500 N. TAMiami TRAIL SUITE #9 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <u>Lana Kaye Dargai</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/7/07</u> <small>Date</small>	<u>239-596-1330</u> <small>Daytime Phone #</small>
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