

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90031 040 ***150.00

DOCUMENT # V06169 1. Entity Name GLOBAL TITLE COMPANY, A FLORIDA CORPORATION			
Principal Place of Business 3372 WOODS EDGE CIRCLE SUITE 103 BONITA SPRINGS FL 34134 US		Mailing Address 3372 WOODS EDGE CIRCLE SUITE 103 BONITA SPRINGS FL 34134 US	
2. Principal Place of Business - No. P.O. Box # 3920 VIA DEL REY SUITE 1		3. Mailing Address P.O. Box 39	
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL	
Zip 34134		Zip 34133-0039	
Country Lee		Country Lee	
4. FEI Number 65-0352527		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
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		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting)			
DATE _____		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DARGAI, LANA KAYE 13500 N. TAMiami TRAIL SUITE #9 NAPLES FL 34110	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.			
SIGNATURE: <u>Lana Kaye Dargai</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>LANA KAYE DARGAI</u>	
Date: <u>2/10/08</u>		Daytime Phone #: <u>239-596-1330</u>	