

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90364 002 ***150.00

DOCUMENT # V18778

1. Entity Name
FLORIDA PROFESSIONAL TITLE INSURANCE, INC.



Principal Place of Business

295 US HWY 17 N
BARTOW, FL 33830

Mailing Address

295 US HWY 17 N
BARTOW, FL 33830

40033330



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3111649

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, BETSY
295 HWY 17 N
BARTOW, FL 33830

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FLOYD, BETSY
3840 DALE STREET
LAKELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RICHARDSON, TULA
1110 LEE AVENUE
BARTOW, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RICHARDSON, TULA M
1110 LEE AVE
BARTOW, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FLOYD, BETSY J
3840 DALE STREET
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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

Date

Daytime Phone #

Betsy J. Floyd

1/23/07

863-533-0640