

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # V24052

1. Entity Name
COURTESY TITLE, INC.



Principal Place of Business

24704 STATE RD 54
LUTZ, FL 33559

Mailing Address

24704 STATE RD 54
LUTZ, FL 33559



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3125081

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMS, WILLIAM V
24704 SR 54
TAMPA, FL 33629

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable.

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 P
NAME MAHONEY, CAROLYN
STREET ADDRESS 24704 SR 54
CITY-ST-ZIP LUTZ, FL 33559

TITLE VP
NAME BARNABA, KAREN
STREET ADDRESS 24704 SR 54
CITY-ST-ZIP LUTZ, FL 33559

TITLE ESVP
NAME SIMMS, WILLIAM V
STREET ADDRESS 24704 SR 54
CITY-ST-ZIP LUTZ, FL 33559

TITLE S
NAME SIMMS, NANCY
STREET ADDRESS 24704 SR 54
CITY-ST-ZIP LUTZ, FL 33559

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000577058
01/08/07-80001-010 150.00

**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

Carolyn Mahoney 1/3/07
President

Date

Daytime Phone #

(813) 569-3400