


**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90030 019 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000059851</b>			
1. Entity Name <b>JURIS TITLE OF HERNANDO, INC.</b>			
Principal Place of Business <b>13101 SPRING HILL DR SPRING HILL, FL 34609</b>		Mailing Address <b>P O BOX 3082 SPRING HILL, FL 34611-3082</b>	
2. Principal Place of Business		3. Mailing Address <b>13101 Spring Hill Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Spring Hill, FL</b>	
Zip	Country	Zip <b>34609</b>	Country <b>U.S.</b>
6. Name and Address of Current Registered Agent <b>BOBENHAUSEN, GALE M ESQ 28059 US HWY 19 N, STE 100 CLEARWATER, FL 33761</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b>	
Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>INGOGLIA, BLAISE</b> <b>P O BOX 3082</b> <b>SPRING HILL, FL 338113082</b> <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	<b>D</b> <b>VOIKLIS, DEMETROIS</b> <b>5811 MEMORIAL HWY, STE 107</b> <b>TAMPA, FL 33615</b> <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 exemption stated in Section 119.07(3)(f), 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: _____		Date: <b>5/22/04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	

66412278



03192004 Chg-P CR2E034 (10/03)

4. FEI Number **43-2017377** Applied For Not Applicable

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