


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90001 046 ***150.00

DOCUMENT # P03000059851

1. Entity Name
JURIS TITLE OF HERNANDO, INC.



Principal Place of Business Mailing Address

13101 SPRING HILL DR **13101 SPRING HILL DR**
SPRING HILL, FL 34609 **SPRING HILL, FL 34609**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address


13779 Linden Drive **13779 Linden Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Spring Hill, FL **Spring Hill, FL**
 Zip Zip Country Country

34609 **34609** **USA** **USA**

40120705



05142007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

BOBENHAUSEN, GALE M ESQ
28100 U.S. HIGHWAY 19 NORTH
SUITE 407
CLEARWATER, FL 33761

4. FEI Number
43-2017377 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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.

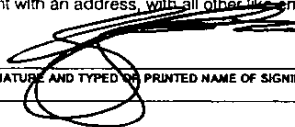
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGOGLIA, BLAISE 13101-SPRING HILL DR SPRING HILL, FL-34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13779 Linden Drive Spring Hill, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 filers empowered.

SIGNATURE:  **BLAISE INGOGLIA** **5/25/07** Date Daytime Phone #