2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State
08-08-2005 90048 027 ***550.00

50060474

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1. Entity Name
AMERICAN TITLE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
12160 LAVITA WAY BOYNTON BEACH, FL 33434-7	2240 WOOLBRIGHT RD, SUITE 211 BOYNTON BEACH, FL 33426

06272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOSKOCIL, ERIN M
2240 WOOLBRIGHT RD, SUITE 211
BOYNTON BEACH, FL 33426

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 reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	P DOSKOCIL, ERIN M 12160 LAVITA WAY BOYNTON BEACH, FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemption stated in Section 119.07(3)(i), 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: X Erin Doskocil 7-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
SV060474

Form **7004**
(Rev. September 2003)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Corporation Income Tax Return

OMB No. 1545-0233

Name of corporation: American Title Solutions Inc

Employer identification number: 86-1093846

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)
6100 Rockside Woods Blvd Suite 115

City or town, state, and ZIP code
Independence OH 44131

Check type of return to be filed:

- [ ] Form 990-C
- [X] Form 1120
- [ ] Form 1120-A
- [ ] Form 1120-F
- [ ] Form 1120-FSC
- [ ] Form 1120-H
- [ ] Form 1120-L
- [ ] Form 1120-ND
- [ ] Form 1120-PC
- [ ] Form 1120-POL
- [ ] Form 1120-REIT
- [ ] Form 1120-RIC
- [ ] Form 1120S
- [ ] Form 1120-SF

- Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States ▶ [ ]

1 Request for Automatic Extension (see instructions)

a Extension date. I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until Sep 15, 20 05, to file the income tax return of the corporation named above for ▶ [X] calendar year 20 04 or ▶ [ ] tax year beginning _____, 20 ____, and ending _____, 20 ____

b Short tax year. If this tax year is for less than 12 months, check reason:
[ ] Initial return [ ] Final return [ ] Change in accounting period [ ] Consolidated return to be filed

2 Members of an affiliated group of corporations filing a consolidated return (consolidated group) (see instructions)

Name and address of each member of the affiliated group	Employer identification number

3	Tentative tax (see instructions)				3	
4	**Payments and refundable credits:** (see instructions)					
a	Overpayment credited from prior year	4a				
b	Estimated tax payments for the tax year	4b				
c	Less refund for the tax year applied for on Form 4466	4c	( )	Bal ▶ 4d		
e	Credit for tax paid on undistributed capital gains (Form 2439)			4e		
f	Credit for Federal tax on fuels (Form 4136)			4f		
5	Total. Add lines 4d through 4f (see instructions)				5	
6	**Balance due.** Subtract line 5 from line 3. **Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon** (see instructions)				6	0

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

C. Krupa — (Signature of officer or agent)
CPA — (Title)
03/09/05 — (Date)

For Paperwork Reduction Act Notice, see instructions.
UIA 470041

Form **7004** (Rev. 9-2003)