

04/30/07

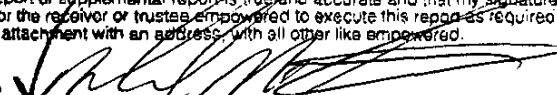
18:23

W HORWITZ CPA → 9547579567

NO. 040

011

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000025443					
1. Entity Name CITIZENS TITLE ONLINE, INC.					
Principal Place of Business 210 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS, FL 33071			Mailing Address 210 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS, FL 33071		
2. Principal Place of Business - No P.O. Box # 12075 N.W. 39th Street		3. Mailing Address 12075 N.W. 39th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 20-2334337	
Zip 33065		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOROWITZ, WAYNE 800 CORPORATE DRIVE SUITE 310 FORT LAUDERDALE, FL 33334			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 _____					
Amended AR is \$61.25		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/T MC INTOSH, MICHAEL 210 UNIVERSITY DRIVE, SUITE 301 CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S MC INTOSH, MICHAEL 12075 N.W. 39th STREET CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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: 					

FILED

07 MAY 14 PM 3:25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

03272007 Chg-P CR2E034 (12/06)

Applied For

Not Applicable

☐ **\$8.75 Additional Fee Required**

FL

Zip Code

 300103727353
 06/01/07--01009--008 **150.00

☐ Change ☐ Addition

 954
 157 9330