

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90002 030 ***550.00

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1. Entity Name
CERTIFIED ABSTRACT AND SETTLEMENT, INC.



Principal Place of Business
~~101 LARRY HOLMES DRIVE~~
~~SUITE 510~~
~~EASTON, PA 18042~~

Mailing Address
~~101 LARRY HOLMES DRIVE~~
~~SUITE 510~~
~~EASTON, PA 18042~~

40110011

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007

Chg-P

CR2E034 (12/06)

City & State

Bethlehem PA
18020 USA

City & State

Bethlehem PA
18020 USA

4. FEI Number

20-0805091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331

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's signature required when reinstating)

DATE

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 PD ☐ Delete
NAME CAPRIO, RAY
STREET ADDRESS ~~101 LARRY HOLMES DRIVE SUITE 510~~
CITY-ST-ZIP ~~EASTON, PA 18042~~

TITLE D ☐ Delete
NAME RICCIO, MOUREEN
STREET ADDRESS ~~101 LARRY HOLMES DRIVE SUITE 510~~
CITY-ST-ZIP ~~EASTON, PA 18042~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2459 B Baglivos Circle
CITY-ST-ZIP Bethlehem PA 18020

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP Bethlehem PA 18020

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #