2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 330029

FILED Apr 14, 2009 Secretary of State

Entity Name: TITLE SERVICES OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ISON STREET A, FL 32448			
Current N	lailing Address	5:	New Mailing Address	s:
P.O. BOX MARIANN	815 A, FL 32447			
El Number	: 59-1218687	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	IR, JACK R DISON STREET			
MARIANN	A, FL 32448	US		
Γhe above	·		ourpose of changing its registere	d office or registered agent, or both,
Γhe above	named entity so e of Florida.		ourpose of changing its registere	d office or registered agent, or both,
The above n the Stat	named entity si e of Florida. RE:			d office or registered agent, or both, Date
The above n the Stat SIGNATU	named entity so e of Florida. RE: Electroni	ubmits this statement for the p		
The above n the Stat BIGNATU	named entity so e of Florida. RE: Electroni	ubmits this statement for the place of Signature of Registered Agr	ent	
The above n the Stat BIGNATU	e named entity so e of Florida. RE: Electronic mpaign Financing S AND DIRECT	ubmits this statement for the particle of Registered Agrange Trust Fund Contribution (). FORS: Delete P. RIVE	ent	Date
The above n the State SIGNATU Election Ca DFFICER Vitte: Value: Value:	e named entity sie of Florida. RE: Electroni mpaign Financing S AND DIRECT VP (X) MATHIS, ELVIA I 4845 ROOKS DE MARIANNA, FL :: ST () I JAMES, CEILIA	ubmits this statement for the particle of Registered Agranter Fund Contribution (). FORS: Delete Delete Delete JAY B999 OLD COTTONDALE ROAD	ent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK R. BROWN, JR. P 04/14/2009