

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 566810

FILED
Mar 13, 2009
Secretary of State

Entity Name: FIVE POINTS TITLE SERVICES CO., INC.

Current Principal Place of Business:

8014 SW 135TH ST RD
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

8014 SW 135TH ST RD
OCALA, FL 34473

New Mailing Address:

FEI Number: 59-1811722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROCHE, NANCY
8014 SW 135TH ST RD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

HUMMERHIELM, SHARON
8014 SW 135TH ST RD
OCALA, FL 34473 US

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.

SIGNATURE: SHARON HUMMERHIELM

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAM, RUDY
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: P () Delete
Name: ROCHE, NANCY
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: SD () Delete
Name: HUMMERHIELM, SHARON
Address: 999 BRICKELL AVE SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: DVPT () Delete
Name: GRAM, ANTONY
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: AS () Delete
Name: FISHER, BETH
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPT (X) Change () Addition
Name: GRAM, ANTONY
Address: 8014 SW 135TH ST RD
City-St-Zip: OCALA, FL 34473

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHARON HUMMERHIELM

SD

03/13/2009

Electronic Signature of Signing Officer or Director

Date