

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F41133

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: MINOT TITLE SERVICES, INC.

## Current Principal Place of Business:

319 RIVER EDGE BLVD #214  
C/O JOHN MINOT  
COCOA, FL 329227995

## New Principal Place of Business:

319 RIVER EDGE BLVD #214  
COCOA, FL 32922 US

## Current Mailing Address:

319 RIVER EDGE BLVD #214  
C/O JOHN MINOT  
COCOA, FL 329227995

## New Mailing Address:

319 RIVER EDGE BLVD #214  
COCOA, FL 32922 US

FEI Number: 59-2116937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MINOT, JOHN  
319 RIVER EDGE BLVD #214  
COCOA, FL US

## Name and Address of New Registered Agent:

MINOT, JOHN  
319 RIVER EDGE BLVD #214  
COCOA, FL 32922 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: JOHN MINOT

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MINOT, JOHN  
Address: 319 RIVER EDGE BLVD  
City-St-Zip: COCOA, FL

Title: STD ( ) Delete  
Name: MINOT, LAURA J  
Address: 319 RIVER EDGE BLVD  
City-St-Zip: COCOA, FL

Title: P (X) Delete  
Name: MINOT, THOMAS F  
Address: 319 RIVEREDGE BLVD.  
City-St-Zip: COCOA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: MINOT, KIMBERLY R  
Address: 319 RIVER EDGE BLVD  
City-St-Zip: COCOA, FL 32922 US

Title: P (X) Change ( ) Addition  
Name: MINOT, THOMAS F  
Address: 319 RIVER EDGE BVD  
City-St-Zip: COCOA, FL 32922 US

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: THOMAS F MINOT

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date