

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38964

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: PRO TITLE SERVICES, INC.

## Current Principal Place of Business:

5617 PINE BAY DR.  
TAMPA, FL 33625 US

## New Principal Place of Business:

150 E. BLOOMINGDALE AVE. SUITE 192  
TAMPA, FL 33511 US

## Current Mailing Address:

P.O.BOX 272491  
TAMPA, FL 33688 US

## New Mailing Address:

FEI Number: 59-2735661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALONSO, RAMON  
5617 PINE BAY DR.  
TAMPA, FL 33625 US

## Name and Address of New Registered Agent:

ALONSO, RAMON  
5807 N. ROME AVE.  
TAMPA, FL 33603 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: RAMON ALONSO

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: ALONSO, RAMON  
Address: 5617 PINE BAY DR  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: ALONSO, RAMON  
Address: 5617 PINE BAY DR.  
City-St-Zip: TAMPA, FL 33625

Title: VSD ( ) Delete  
Name: HOYT, JAMES RANDALL  
Address: 11714 ORANGE GROVE DR  
City-St-Zip: TAMPA, FL 33688

## 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:

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: RAMON ALONSO

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date