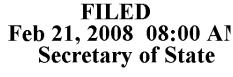
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCU 1. Entity Name ARMISTE



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DOCUMENT # K28231  1. Enlity Name  ARMISTEAD COMMERCIAL TITLE GROUP, INC.			Feb 21, 2008 08:0 Secretary of St	
			Secretary or S	
Principal Place of Business	Mailing Address			
550 N REO ST STE 300 TAMPA FL 33609	P O BOX 20386 TAMPA FL 33622			
6 December 17	to A A A Constitution of the constitution of t	*****		

550 N REO TAMPA FL	ST STE 300 33609	P O BOX 20386 TAMPA FL 33622				
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address		1 18818111 818 (1881 18118 (1899 (1181 118) 818) 818)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)		
City & State		City & State		4. FEI Number 59-2900559 Applied For Not Applicable		
Zıp	Country	Zıp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	***************************************	
ARMISTEAD JR., EARNEST S. ARMISTEAD COMMERCIAL TITLE GROUP, INC. 550 N REO ST #300 TAMPA FL 33609		Name				
		LE GROUP, INC.	Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code	
	tions of registered agent.		registered office or regist	stered agent, or both, in the State of Florida. I an	n familiar with, and accept	
After Make Checi	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department of	f State		9. Election Campaign Finan Trust Fund Contribution.	☐ Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMISTEAD, EARNEST S. JR 1975 W. BAY DR #214 LARGO FL 33770	☐ Devete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000833586 02/28/08-80023-		
TITLE NAME STREET ADDRESS CITY-ST-7IP	VST ARMISTEAD, EARNEST S.III 1331 PEACHTREE DRIVE DUNEDIN FL 34698	☐ De ete	TITLE NAME STREFT ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition .	
NAME STREET ADDRESS CITY-ST-ZIP		Derete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ D∂lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		□ Derete	THLE NAME STREET ADDRESS		Change Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-289-3038