

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84513

FILED
Apr 29, 2009
Secretary of State

Entity Name: ACTION TITLE SERVICES, INC.

Current Principal Place of Business:

5355 SW COLLEGE ROAD
SUITE 2
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771178
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2892934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVE, RANDALL J P A
10816 U.S. HIGHWAY 19 NORTH
SUITE 110
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

HUTCHINSON-MATHIAS, TINA M VP
5355 SW COLLEGE ROAD, SUITE 2
OCALA, FL 34474 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: TINA M. HUTCHINSON-MATHIAS

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HUTCHINSON, BARBARA L
Address: 5355 SW COLLEGE ROAD, SUITE 2
City-St-Zip: OCALA, FL 34474 US

Title: VP () Delete
Name: HUTCHINSON-MATHIAS, TINA M
Address: 5355 SW COLLEGE ROAD, SUITE 2
City-St-Zip: OCALA, FL 34474

Title: S () Delete
Name: HUTCHINSON, BARBARA L
Address: 5355 SW COLLEGE ROAD, SUITE 2
City-St-Zip: OCALA, FL 34474 US

Title: T () Delete
Name: HUTCHINSON, BARBARA L
Address: 5355 SW COLLEGE ROAD, SUITE 2
City-St-Zip: OCALA, FL 34474 US

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: () 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: TINA M. HUTCHINSON-MATHIAS

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date