

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M86038

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN TITLE SERVICES OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

2230 HWY. 44 WEST  
INVERNESS, FL 34453

**New Principal Place of Business:**

**Current Mailing Address:**

2230 HWY. 44 WEST  
INVERNESS, FL 34453

**New Mailing Address:**

**FEI Number:** 59-2895593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLAYMAKER, THOMAS E. ESQ.  
2218 HWY. 44 WEST  
INVERNESS, FL 34453 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: CZAJKOWSKI, BRIAN  
Address: 2230 HWY 44 W  
City-St-Zip: INVERNESS, FL 34453

Title: PSTD  
Name: CZAJKOWSKI, LYNN  
Address: 2230 HWY 44 W  
City-St-Zip: INVERNESS, FL 34453

I hereby 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 all other like empowered.

SIGNATURE: LYNN CZAJKOWSKI

PRES

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date