

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
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Secretary of State

02-04-2008 90037 016 ***150.00

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1. Entity Name

EXPRESS TITLE OF CENTRAL FLORIDA, INC.



Principal Place of Business

**1326 S RIDGEWOOD AV
14
DAYTONA BEACH FL 32114**

Mailing Address

**1326 S RIDGEWOOD AV
14
DAYTONA BEACH FL 32114**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3616495

Applied For

Not Applicable

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 Agent

**MITCHELL, JEROME D
4082 CLOCKTOWER DRIVE
PORT ORANGE FL 32129**

Name

Jerome D. Mitchell

Street Address (P.O. Box Number is Not Acceptable)

1326 S. Ridgewood Ave. #18

City

Daytona Beach FL

Zip Code

32114

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state (if applicable)

(NOTE: Registered Agent's signature required when appointing)

DATE

1/25/08

Jerome Mitchell

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MITCHELL, JEROME D	4082 CLOCKTOWER DRIVE	PORT ORANGE FL 32129				
ST	CLIFTON, RONALD D JR	1326 S RIDGEWOOD AVE SUITE 14	DAYTONA BEACH FL 32114				

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Mitchell

Date

1/25/08

Daytime Phone #

386 258 1676