

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90038 019 ***150.00

DOCUMENT # P00000004851

1. Entity Name
YOUR TITLE CHOICE, INC.



Principal Place of Business
**6261 NW 6TH WAY
SUITE 201
FORT LAUDERDALE, FL 33309**

Mailing Address
**6261 NW 6TH WAY
SUITE 201
FORT LAUDERDALE, FL 33309**

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

1701 W. Hillsboro Blvd

3. Mailing Address

1701 W. Hillsboro Blvd

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33442

Country

USA

Zip

33442

Country

USA

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3623414

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAINES, HOWARD S
6261 NW 6TH WAY
SUITE 202
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

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

1701 W. Hillsboro Blvd

Suite 400

City

Deerfield Beach

FL

Zip Code

33442

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

Howard S. Gaines Pres

4/6/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GAINES, HOWARD S**
STREET ADDRESS **6261 NW 6TH WAY, SUITE 201**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1701 W. Hillsboro Blvd # 400**
CITY-ST-ZIP **Deerfield Beach FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Howard S. Gaines Pres

4/6/07

974 491-1932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #