

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009693

Entity Name: ATIMA TITLE SERVICES, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

685 ROYAL PALM BEACH BLVD
STE 104
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6307
LAKE WORTH, FL 33466

New Mailing Address:

FEI Number: 65-0982398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONESCALCHI, RICHARD J
6894 LAKE WORTH ROAD
SUITE 203
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: OLLIS, BRUCE M
Address: 2710 HELYN RD
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: LUPARDO, MATTHEW F
Address: 685 ROYAL PALM BEACH BLVD STE 104
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: JAMES, DEBBIE
Address: 801 SW 8TH AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Delete
Name:
Address:
City-St-Zip:

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: DT () Change (X) Addition
Name: SCHAEFER, SCOTT W
Address: 1520 10TH AVE N, STE C
City-St-Zip: LAKE WORTH, FL 33460

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: SCOTT WILLIAM SCHAEFER

DT

04/30/2009

Electronic Signature of Signing Officer or Director

Date