2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117369

FILED Feb 24, 2009 Secretary of State

Entity Name: INTEGRITY TITLE AND ESCROW SERVICES, CORPORATION

Current Principal Place of Business: New Principal Place of Business:

2024 GILMORE STREET JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

2024 GILMORE STREET JACKSONVILLE, FL 32204

FEI Number: 59-3689446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MOODY, JIM O J.R.

2610 HERSCHEL STREET

JACKSONVILLE, FL 32204 US

MOODY, JIM O J.R.

2024 GILMORE STREET

JACKSONVILLE, FL 32204 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: JIM O. MOODY, JR. 02/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 MOODY, JIMMY O JR
 Name:
 MOODY, JIMMY O JR

 Address:
 2610 HERSCHEL ST
 Address:
 2024 GILMORE STREET

JACKSONVILLE, FL 32204

City-St-Zip:

JACKSONVILLE, FL 32204

JACKSONVILLE, FL 32204

Title: DV () Delete Title: DV (X) Change () Addition Name: CUNNINGHAM, MARY M Name: MOODY, TERRI T

Address: 9816 BROKEN OAK BLVD Address: 4731 NW 53RD AVENUE, SUITE 2

City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: GAINESVILLE, FL 32653

Title: S (X) Delete Title: () Change () Addition
Name: MILLER, JEFFREY M Name:
Address: 2610 HERSCHEL STREET Address:

 Name:
 MILLER, JEFFREY M
 Name:

 Address:
 2610 HERSCHEL STREET
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32204
 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: JIM O. MOODY, JR. PRES 02/24/2009