

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90083 004 ***150.00



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1. Entity Name
 TITLE SECURITY AND ESCROW OF CENTRAL FLORIDA, INC.

Principal Place of Business
 1640 HIGHWAY A1A
 SUITE B
 SATELLITE BEACH, FL 32937

Mailing Address
 4195 TURTLEMOUND ROAD
 MELBOURNE, FL 32934



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3711974 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, LINDA J
 4195 TURTLEMOUND ROAD
 MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

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 Linda J Martin - LINDA J. MARTIN 1/15/08
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, 2008 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
NAME	MARTIN, LINDA J
STREET ADDRESS	4195 TURTLEMOUND ROAD
CITY - ST - ZIP	MELBOURNE, FL 32934
TITLE	PRES
NAME	MARTIN, LINDA J PRES.
STREET ADDRESS	4195 TURTLEMOUND ROAD
CITY - ST - ZIP	MELBOURNE,, FL 32934
TITLE	Secretary
NAME	Jonathan D. MARTIN
STREET ADDRESS	1645 LAKE WASHINGTON Rd.
CITY - ST - ZIP	MELBOURNE, FL 32934.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Linda J Martin Pres. 1/15/08 321-777-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LINDA J. MARTIN