

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058604

FILED
Mar 15, 2011
Secretary of State

Entity Name: 1ST AFFILIATED TITLE SERVICES, INC.

Current Principal Place of Business:

9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 59-7213601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, GARY L
9020 RANCHO DEL RIO DRIVE
SUITE 101
NEW PORT RICHEY, FL 34655 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

OFFICERS AND DIRECTORS:

Title: P
Name: DAVIS, GARY L
Address: 2321 WOODBEND CIR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP/T
Name: HUBBARD, MICHAEL E
Address: 16624 CHAMPIONS CT
City-St-Zip: CLERMONT, FL 34711

Title: VP/S
Name: GREY, FRANK I II
Address: 9535 STAR TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D
Name: ARMSTRONG, GREG
Address: 9251 ALCOTT WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D
Name: GREY, CHARLES R
Address: 8008 ISLAND DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: GREY, JOHN
Address: 6728 RIVER ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL E HUBBARD

VP

03/15/2011

Electronic Signature of Signing Officer or Director

Date