2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071689

Title:

Name:

Address:

City-St-Zip:

VPD

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160 ANNA GOODMAN ROAD

RAABE, CHARLES R

LATROBE, PA 15650

FILED Apr 14, 2009 Secretary of State

Entity Name: TITLE RESOURCES OF GAINESVILLE, INC.							
Current Principal Place of Business:				New Principal Place of Business:			
2135 NW 40TH TERR SUITE D GAINESVILLE, FL 32605				2135 NW 40TH TERR SUITE C GAINESVILLE, FL 32605			
Current Mailing Address:				New Mailing Address:			
2135 NW 40TH TERR SUITE D GAINESVILLE, FL 32605				2135 NW 40TH TERR SUITE C GAINESVILLE, FL 32605			
FEI Number:	20-0061407	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of	f Status Desired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PREVATT, KATHY 2135 NW 40TH TERR SUITE D GAINESVILLE, FL 32605 US				PREVATT, KATHY 2135 NW 40TH TERR SUITE C GAINESVILLE, FL 32605 US			
The above in the State		bmits this statement for the pu	irpose o	f changing it	s registere	d office or regis	stered agent, or both,
SIGNATURE:				04/14/2009			
Electronic Signature of Registered Agent						Date	е
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () E PREVATT, KATH' P. O. BOX 14009 GAINESVILLE, FI	5		Title: Name: Address: City-St-Zip:		() Change () A	ddition
Title: Name: Address: City-St-Zip:	VPSD () E MARTIN, GREGG 6111 SW 85TH S GAINESVILLE, FI	т.		Title: Name: Address: City-St-Zip:		(X) Change()A REGG L RCHER ROAD, B- ² LE, FL 32608	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KATHY PREVATT PD 04/14/2009

() Change () Addition