2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P03000077438													
1. Entity Name TITLE FIRST, INC.							FILED						
TITLE FIRST, INC.										, FILEU			
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Principal Place of Business Mailing Address										1		37 A7 E	
2280-4TH STREET NORTH 4160 CENTRAL AVENUE										ا بينون روه و در	. III .	STATE LORIDA	
ST PETERSBURG, FL 33704 SAINT PETERSBURG, FL 3371								1	est t =	C13 (4 2 2 2)	1.1., 1	LONION	
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Principal Place of Business - No P.O. Box # 3. Mailing Address 5338 1st Avenue N.												1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	4 5
Suite, Apt. #, etc. Suite, Apt. #, etc.							05112007	CH	ıg-P	С	:R2E03	4 (12/06)	
City & State City & State							4. FEI Numb						plied For
City & State St. Petersburg, F1.			Ony a State				04-377	-				J	t Applicable
Zip 33710		Country USA	Zip	'y	5. Certificate of Status Desir			ed \$8.75 Additional					
6. Name and Address of Current R			t Registered Agent	Registered Agent			7. Name and	ł Addres	s of N		- ,	ee Require	d
					Name					, rrogio	ici cu i i	gent	
HICKMAN, HAROLD E 3401 W. CYPRESS #101					Street Address (P.O. Box Number is Not Acceptable)								
TAMPA, FL 33607									.,,,,,,			····	
					City						FL	Zip Cod	е
	named entity tions of regist		or the purpose of changing its	registered	d office or re	egistere	ed agent, or bo	th, in the	State	of Florida.	I am fa	amiliar with,	and accept
កាខ ០០៧ជូត	nons or regist	ereo agent.											
SIGNATURE.	Şignature, lyperi	or printed name of registered ager	Il and tille if applicable. (NOTE	Registered /	Agent signature	required	when reinstating)				DATE		
								1					
An	nended AF	R is \$61.25	9. Election Campai Trust Fund Conti	**	oing 🔲		00 May Be ed to Fees						
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l				STREET CITY-S	T ADDRESS		9 0 06/12/	(07(0101	400k) **	61.25	
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ł			☐ Delete	TITLE							•	Change	☐ Addition
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CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET CHY-S	T ADDRESS ST-ZIP		lia Ohania di	0.51					
TITLE MAME STREET ADDRESS CITY-ST-ZIP 12.	certify that the	e information supplied wi	th this filling does not qualify fo	TITLE NAME STREET GHY-S	T ADDRESS ST-ZIP	ntained	in Chapter 11 same legal effe	9. Florid	a Statu	es. I furth	ner certii	fy that the in	nformation
CITY-ST-ZIP TITLE MAME. STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the coi	d on this repor rporation or th	t or supplemental report ne receiver or tilustee emi		THE NAME STREET CHY-S or the exerny signature as require	T ADDRESS ST-ZIP	ntained ve the s ter 607	in Chapter 11 same legat effe , Florida Statut	9, Florida ct as if m es; and t	a Statu iade ur hal my	es. I furth der oath; name app	ner certi that I a pears in	fy that the in	nformation
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