2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P03000090611** 1. Entity Name 04-28-2004 90250 008 ***150.00 OSCAR'S TITLE COMPANY, INC. Principal Place of Business Mailing Address **580 VALDERIA DRIVE 580 VALDERIA DRIVE** 24058049 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0480236 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, JOSE O Street Address (P.O. Box Number is Not Acceptable) 580 VALDERIA DRIVE ORANGE PARK, FL 32073 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Channe ☐ Addition President NAME NAME Jose O. Garcia STREET ADDRESS STREET ADDRESS 580 Valderia Drive CHTY-ST-ZIP CITY-ST-ZIP Orange Park, FL-32073 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 people in 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 people is a sequine of 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. vea **cupresident** SIGNATURE: 04/24/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED