## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000115106

Entity Name: AMERICAN HOME TITLE OF HERNANDO INC

FILED Mar 30, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RTEZ BLVD.				
#11 BROOKS\	VILLE, FL 3460	01			
Current M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
19225 CO	RTEZ BLVD.				
#11		14			
	/ILLE, FL 3460			Continue of Charles Basins (4.)	
FEI Number	: 20-0322351	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
WHITWORTH, GRANT D 6703 N. HIMES AVE. TAMPA, FL 33614 US			LAX, PHYLLIS 6703 N. HIMES AVE. TAMPA, FL 33614	US	
in the State	e of Florida.		purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: PHYLLIS LAX				03/30/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP ( WILSON, JOYO 6703 N. HIMES TAMPA, FL 33	AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( SINS, SHERRI 2047 OSPREY LUTZ, FL 3354	LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BUCKLEY, RHO 19225 CORTE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VP (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHERRI L. SINS PRES 03/30/2009

STEELE, SHERRY S MRS.

6703 N. HIMES AVE

TAMPA, FL 33614 US

Name:

Address:

City-St-Zip: