2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028370

Entity Name: EXPRESS TITLE SERVICES OF CITRUS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	NCOAST BLVD RIVER, FL 34429				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P. O. BOX 552 CRYSTAL RIVER, FL 34423			730 N SUNCOAST BLVD CRYSTAL RIVER, FL 34429		
FEI Number	: 20-0641402 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	-OYD F NCOAST BLVD . RIVER, FL 32229	US			
	e named entity subr e of Florida.	nits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electronic S	ignature of Registered Age	ent	Date	
Election Ca	mpaign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD () Dele WADE, FLOYD F 505 N MCGOWAN CRYSTAL RIVER, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Dele WADE, PATRICIA A 505 N MCGOWAN CRYSTAL RIVER, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Dele WADE, GENE 225 N. MCGOWAN CRYSTAL RIVER, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD () Dele WADE, JAMES 5846 N. ROSEWOO		Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: FLOYD F. WADE PTD 04/28/2009

BEVERLY HILLS, FL 34465

City-St-Zip: