


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2005-90003-003-\$150.00-\$150.00

<b>DOCUMENT# P04000047036</b> 1. Entity Name <b>HOME EXPRESS TITLE, INC.</b>					
Principal Place of Business <b>722 S. GROVE ST. SUITE 2 EUSTIS, FL 32726 US</b>			Mailing Address <b>722 S. GROVE ST. SUITE 2 EUSTIS, FL 32726 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>35 222 7330</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MADDY, MICHELLE L 3100 NORTHWIND DR. EUSTIS, FL 32726</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MADDY, MICHELLE L 3100 NORTHWIND DR. EUSTIS, FL 32726</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MADDY, MICHELLE L 3100 NORTHWIND DR. EUSTIS, FL 32726</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michelle L Maddy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span>9/2/05</span> <span>352-267-7758</span> </div> <small>Date Daytime Phone</small>		

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05 OCT 17 AM 10:13  
SECRET  
TALLAHASSEE, FLORIDA



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ATTACHMENT

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# P04000047036

**HOME EXPRESS TITLE, INC.**

722 S. Grove St.  
Eustis, FL 32726

(352) 483-3393 (352) 267-7758 Fax: (352) 483-4314

**Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314**

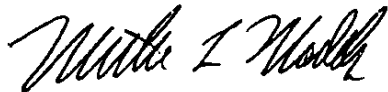
**To Whom It May Concern:**

**Enclosed please find a check in the amount of \$150.00 for  
corporation renewal of Home Express Title, Inc.**

**I am requesting that the penalty be waived because I did not  
receive the prior notice to renew.**

**Please advise me of your decision.**

**Sincerely,**



**Michelle L. Maddy  
President**