

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 011 ***158.75

DOCUMENT # P04000113352	
1. Entity Name AMERICAN TITLE SERVICES OF LAKE CITY, INC.	



Principal Place of Business 330 SW MAIN BLVD. LAKE CITY, FL 32025	Mailing Address 330 SW MAIN BLVD. LAKE CITY, FL 32055
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2. Principal Place of Business - No P.O. Box # 321 SW Main Blvd	3. Mailing Address 321 SW Main Blvd
Suite, Apt. #, etc. Suite 105	Suite, Apt. #, etc. Suite 105

07022007 Chg-P CR2E034 (12/06)

City & State Lake City, FL	City & State Lake City FL
Zip 32025	Country USA

4. FEI Number 55-0877151	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMM, JOHNNY M 879 SW BRIM STREET LAKE CITY, FL 32024	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMM, JOHNNY M 879 SW BRIM STREET LAKE CITY, FL 32024 <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	D President DAVIS, ELAINE R 879 SW BRIM STREET LAKE CITY, FL 32024 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Elaine R. Davis 6/7/2/07 386-754-4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #