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2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 JUL 14 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50054372

DOCUMENT # P04000114640

1. Entity Name
EXPRESS TITLE SERVICES OF TAMPA INC.

Principal Place of Business	Mailing Address
6105 A #9 MEMORIAL HWY TAMPA, FL 33615	6105 A #9 MEMORIAL HWY TAMPA, FL 33615

	2. Principal Place of Business	3. Mailing Address
Street	7902 W. Waters Ave	7902 W. Waters Ave
Suite, Apt. #, etc.	Suite A	Suite A
City & State	Tampa Fl.	Tampa Fl.
Zip	33615	33615
Country		

06282005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-1480929 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOMEZ, FRANK JR
12060 STONE CROSSING CIRCLE
TAMPA, FL 33635

7. Name and Address of New Registered Agent
Name: NONE
Street Address (P.O. Box Number is Not Acceptable)
City: FL 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] Frank Gomez Jr. 6/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSARIO, STEPHANIE M 12060 STONE CROSSING CIRCLE TAMPA, FL 33635	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gomez, Frank Jr. 7902 W. Waters Ave Suite A Tampa Fl. 33615	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Rosario, Stephanie M. 7902 W. Waters Ave Suite A Tampa, Fl 33615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Stephanie M. Rosario 6/28/05 813-901-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #