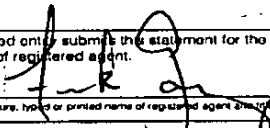
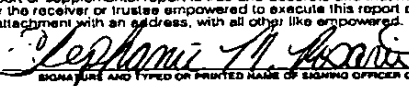


07-03-2005 00111029 ***158.75
P04000114640

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000114640 1. Entity Name EXPRESS TITLE SERVICES OF TAMPA INC.			
Principal Place of Business 6105 A #9 MEMORIAL HWY TAMPA, FL 33615		Mailing Address 6105 A #9 MEMORIAL HWY TAMPA, FL 33615	
2. Principal Place of Business 7902 W. WATERS AVE		3. Mailing Address 7902 W. WATERS AVE	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33615		Zip 33615	
Country		Country	
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  FRANK GOMEZ JR. DATE 6/28/05 Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when handling)			
FILE NOW!!! FEE IS \$160.00 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP P GOMEZ, FRANK JR. 7902 W. WATERS AVE SUITE A TAMPA FL 33615	
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	
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:  Stephanie M. Rosario DATE 6/28/05 DAYTIME PHONE # 813-901-8980 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			