2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2005 8:00 am Secretary of State **DOCUMENT # P04000134428** 04-15-2005 90094 041 ***150.00 FEATHER TITLE SERVICES, INC. Principal Place of Business Mailing Address 66012200 2404 CYPRESS SPRINGS ROAD 2404 CYPRESS SPRINGS ROAD ORANGE PARK, FL 32073 US ORANGE PARK, FL 32073 US 2. Principal Place of Business ROAD 3. Mailing Address 1855 Wells ROAD Suite, Apt. #, etc Suite, Apt. #, etc. 05052005 CR2E034 (10/03) <u>suite</u> 3 A 4. FEI Number 30 - 1713573 City & State Applied For DRANGE PARK RANGE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, PEGGY A Street Address (P.O. Box Number is Not Acceptable) 2404 CYPRESS SPRINGS ROAD ORANGE PARK,, FL 32073 City Zip Code 8. The above named entity subgrits 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. ame of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE JOHNSON, PEGGY A NAME NAME STREET ADORESS 2404 CYPRESS SPRINGS ROAD STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition JOHNSON, KENNETH R NAME NAME 2404 CYPRESS SPRINGS ROAD STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP TRFA Change ☐ Delete TITLE Addition JOHNSON, PEGGY A NAME NAME STREET ADDRESS 2404 CYPRESS SPRINGS ROAD STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliered report strue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or destee 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 addless, with all other like empowered. SIGNATURE: TEO NAME OF SIGNING OFFICER OR DIRECTOR

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