2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134428

Entity Name: FEATHER TITLE SERVICES, INC

FILED Apr 13, 2009 Secretary of State

		CTTLL OLIVIOLO, IIVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1855 WELLS RD STE 3A ORANGE PARK, FL 320736766 US			538 PARK AVE SUITE ORANGE PARK, FL 3		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1855 WELLS RD STE 3A ORANGE PARK, FL 320736766 US			538 PARK AVE SUITE ORANGE PARK, FL 3		
FEI Number:	20-1713573	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
JOHNSON, PEGGY A 1855 WELLS RD STE 3A ORANGE PARK, FL 6766 US			JOHNSON, PEGGY A 538 PARK AVE SUITE ORANGE PARK, FL 3	3	
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: PEGGY A JOHNSON				04/13/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () JOHNSON, PEG 2426 CYPRESS ORANGE PARK	S SPRINGS RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () JOHNSON, PEG 2426 CYPRESS ORANGE PARK	S SPRINGS RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () JOHNSON, PEG 2426 CYPRESS ORANGE PARK	S SPRINGS RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHAPPELL, CH	AN ISLE BLVD APT 2308	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PEGGY A JOHNSON PRES 04/13/2009

CHAPPELL, DAVID S

MIDDLEBURG, FL 32068

2479 ALOHA LANE

Name:

Address:

City-St-Zip: