## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000021528

Title:

Name: Address:

City-St-Zip:

Entity Name: COVENANT CLOSING & TITLE SERVICES, INC.

FILED Mar 02, 2007 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business: 145 CYPRESS POINT PARKWAY 4879 PALM COAST PARKWAY NW SUITE 202 UNIT #5 PALM COAST, FL 32164 PALM COAST, FL 32137 **Current Mailing Address: New Mailing Address:** P.O. BOX 350374 PALM COAST, FL 321350374 FEI Number: 65-1243221 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LE TELLIER, JOHN J LE TELLIER, JOHN J 145 CYPRESS POINT PARKWAY 4879 PALM COAST PARKWAY NW **SUITE #202** UNIT #5 PALM COAST, FL 32164 US PALM COAST, FL 32137 US 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. SIGNATURE: 03/02/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST ( ) Delete Title: () Change () Addition LE TELLIER, VICTORIA Name: Name: 19 WOODSHIRE LANE Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: Title: DV Title: () Delete () Change () Addition Name: LE TELLIER, JOHN J Name: 19 WOODSHIRE LANE Address: Address: PALM COAST, FL 32164 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition STEVENSON, DALE R STEVENSON, DALE R Name: Name: 16 WOODFORD LN 146 N LAKEWALK DR Address: Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN J. LE TELLIER VP 03/02/2007

() Delete

GORDON, JOHN D

PALM COAST, FL 32164

127 RYAN DR

(X) Change ( ) Addition

GORDON, JOHN D

40 WHITEHALL CT

FLAGLER BEACH, FL 32136