## **2008 FOR PROFIT CORPORATION**

## FILED May 02, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P05000027824 . DOMINION TITLE CORPORATION - JACKSONVILLE Principal Place of Business Mailing Address 2214 SPANISH MOSS DR 2214 SPANISH MOSS DR JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2409579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOGART, MICHAEL DO NOT WRITE 2214 SPANISH MOSS DR JACKSONVILLE, FL 32246 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May 8e 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP THTLE BOGART, MICHAEL STREET ADDRESS 2214 SPANISH MOSS DR JACKSONVILLE, FL 32246 CITY-ST-ZIP U00000945062 05/29/08-80122-020 150.00 TITLE STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 thistee employered 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone (