

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066531

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: ESCAPE TITLE & FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

12627 SAN JOSE BLVD. SUITE 505  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12627 SAN JOSE BLVD. SUITE 505  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 20-2790425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SNYDER, SIDNEY M  
10862 SADDLEHORN DR.  
JACKSONVILLE, FL 32257      US

**Name and Address of New Registered Agent:**

SNYDER, SIDNEY M  
708 HAMPTON DOWNS CT  
ST JOHNS, FL 32259      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/04/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SNYDER, SIDNEY M  
Address: 10862 SADDLEHORN DR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete  
Name: MAGALDI, FRANCIS  
Address: 3420 BABICHE DR.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: SEC ( ) Delete  
Name: SNYDER, NATALIE J  
Address: 10862 SADDLEHORN DR  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SNYDER, SIDNEY M  
Address: 708 HAMPTON DOWNS CT  
City-St-Zip: ST. JOHNS, FL 32259

Title: VP (X) Change ( ) Addition  
Name: SNYDER, NATALIE J  
Address: 708 HAMPTON DOWNS CT  
City-St-Zip: ST. JOHNS, FL 32259

Title: SEC (X) Change ( ) Addition  
Name: SNYDER, ELIZABETH D  
Address: 708 HAMPTON DOWNS CT  
City-St-Zip: ST. JOHNS, FL 32259

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.

SIGNATURE: SIDNEY M. SNYDER

Electronic Signature of Signing Officer or Director

P

04/04/2007

Date