

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066556

FILED  
Jan 25, 2007  
Secretary of State

Entity Name: FINISH LINE TITLE PARTNERS, INC.

## Current Principal Place of Business:

5411 UNIVERSITY DRIVE  
102  
CORAL SPRINGS, FL 33067 US

## New Principal Place of Business:

## Current Mailing Address:

5411 UNIVERSITY DRIVE  
102  
CORAL SPRINGS, FL 33067 US

## New Mailing Address:

FEI Number: 20-2796781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STAFFORD, SARAH B  
5411 UNIVERSITY DRIVE  
101  
CORAL SPRINGS, FL 33067 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRUSHOFF, KENNETH S  
Address: 1025 N.W. 124TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP ( ) Delete  
Name: STAFFORD, SARAH B  
Address: 3945 ORANGE TREE LANE  
City-St-Zip: WESTON, FL 33332 US

Title: O ( ) Delete  
Name: GUICE-GRUSHOFF, KIMBERLE  
Address: 1025 NW 124TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: O ( ) Delete  
Name: GUICE, CONSTANCE R  
Address: 11911 WINGED FOOT TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SARAH B. STAFFORD

VP

01/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date