2008 FOR PROFIT CORPORATION

FILED 0 ANate

ANNUAL REPORT				Feb 25, 2008 08:00		
1. Entity Nan	MENT # P05000111 TITLE SERVICES OF JACK				Secretar	
12412 SAN	ce of Business IOSE BLVD STE 402 LE, FL 32223	Mailing Address 12412 SANJOSE BLVD STE 4 JACKSONVILLE, FL 32223	02			
	OO NOT WRITE	IN THIS SPA	CF	01292008 No Chg-		1/05)
The state of the s				4. FEI Number 20-3540389		Applied For Not Applicable
		,		5. Certificate of Status Desi		5 Additional tequired
	6. Name and Address of Current I	Registered Agent	<u> </u>		. 11 .	, i, i
599 ATLA	LIAM G JR NTIC BLVD STE 6402 C BEACH, FL 32233			DO NOT IN THIS		
the obligat	e named entity submits this statement for tions of registered agent. Signature, typod or printed name of registered agent a		ed Agent signature required	·	DATE	
. After M	E NOW!!!' FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0		ncing \$5.	00 May Be ed to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARTLE, MARK Q 12412 SANJOSE BLVD STE 402 JACKSONVILLE, FL 32223	DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HARTLE, CORA S 12412 SANJOSE BLVD STE 402 JACKSONVILLE, FL 32223			03/05/()00839208)8-80061-0 ₁ 18	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT		
TITLE Name Street address City-St-Zip				IN THIS	SPACE	
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing 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 trustee empowered 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:

TITLE NAME STREET ADDRESS

2-20-2008

904-262-0088 Daytime Phone #