2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000054918

RENE, CLAIRE

409 E HALLANDALE BEACH BLVD

HALLANDALE, FL 33009

Name:

Address:

City-St-Zip:

Entity Name: CROSS COUNTY TITLE SERVICES, INC

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	09 E HALANDALE BEACH BLVD			409 E HALANDALE BEACH BLVD	
217 HALANDALE, FL 33009			HALANDALE, FL 33009		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
409 E HALANDALE BEACH BLVD			821 SW 89 TERRACE		
217 HALANDALE, FL 33009		PLANTATION, FL 33324			
FEI Number	: 11-3779576	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
821 SW 89	S, MARLON J 9 TERRACE ION, FL 33324	ı us			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () WALTERS, MA 821 SW 89 TE PLANTATION, I	RRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X WALTERS, SH 821 SW 89 TE PLANTATION, I	RRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:) Delete POLO LACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (X) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARLON WALTERS P 02/07/2007