


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90050 010 \*\*\*150.00

dson

<b>DOCUMENT # P06000093180</b>	
1. Entity Name <b>ALL STATE TITLE &amp; CLOSING SERVICES, INC.</b>	

Principal Place of Business <b>216 E. ROBERTSON ST. BRANDON, FL 33511</b>	Mailing Address <b>216 E. ROBERTSON ST. BRANDON, FL 33511</b>
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2. Principal Place of Business - No P.O. Box # <b>216 E. Robertson Street</b>	3. Mailing Address <b>216 E. Robertson Street</b>
Suite, Apt. #, etc. <b>Suite "A"</b>	Suite, Apt. #, etc. <b>Suite "A"</b>

City & State <b>Brandon, FL</b>	City & State <b>Brandon, FL</b>
Zip <b>33511</b>	Country <b>Hillsborough</b>

01232008 Chg-P CR2E034 (12/06)

4. FEI Number <b>75-3221907</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JUDSON, CATHERINE S. 10828 BRYAN RD. TAMPA, FL 33610</b>
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7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JUDSON, CATHERINE S. 10828 BRYAN RD. TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Catherine S. Judson* 1-23-08 813-681-5543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



& Closing Services, Inc.

ATTACHMENT

40011667

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216 E. Robertson Street • Suite A • Brandon, FL 33511 • Phone: (813) 681-5543 • Fax: (813) 681-5546 • E-mail: allstatetitle@hotmail.com

January 23, 2008

Florida Department of State

RE: Document #: P0600009318<sup>Q</sup>

Dear Sirs,

The only change I have is the post office is now requiring that I put "Suite A" on all my mail. Everything else is the same.

Thank you,

Catherine S. Judson  
President/Director