


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90370 042 ***150.00

DOCUMENT # P06000127320		
1. Entity Name SERENITY TITLE SOLUTIONS, INC.		

Principal Place of Business 17630 GOOD HOPE LANE SPRING HILL, FL 34610 US	Mailing Address 17630 GOOD HOPE LANE SPRING HILL, FL 34610 US
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2. Principal Place of Business - No P.O. Box # 17872 N. US HWY 41 Suite, Apt. #, etc.	3. Mailing Address 17872 N US HWY 41 Suite, Apt. #, etc.
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City & State LUTZ, FLORIDA	City & State LUTZ, FLORIDA
Zip 33549	Country USA

6. Name and Address of Current Registered Agent SWIFT, JENNIFER L 17630 GOOD HOPE LANE SPRING HILL, FL 34610	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.	
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SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT SWIFT, JENNIFER L 17630 GOOD HOPE LANE SPRING HILL, FL 34610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SWIFT, AARON C 17630 GOOD HOPE LANE SPRING HILL, FL 34610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT SWIFT, JENNIFER L 17872 N US HWY 41, LUTZ, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SWIFT, AARON C. 17872 N US HWY 41, LUTZ, FL 33549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>Jennifer L Swift</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>3/8/07</u> Daytime Phone #: <u>8139489727</u>
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03082007 Chg-P CR2E034 (12/06)

4. FEI Number
20 5735111

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required