

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000141613

FILED
Apr 25, 2007
Secretary of State

Entity Name: ALL FLORIDA NOTARY AND CLOSING SERVICES, INC.

Current Principal Place of Business:

17 KRISTIN LANE
EUSTIS, FL 32726

New Principal Place of Business:

6 EMERALD RUN
OCALA, FL 34472

Current Mailing Address:

17 KRISTIN LANE
EUSTIS, FL 32726

New Mailing Address:

6 EMERALD RUN
OCALA, FL 34472

FEI Number: 22-3946781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: MENDOZA, JOHN N
Address: 17 KRISTIN LANE
City-St-Zip: EUSTIS, FL 32726

Title: VD () Delete
Name: MENDOZA, JOHN A
Address: 17 KRISTIN LANE
City-St-Zip: EUSTIS, FL 32726

Title: STD () Delete
Name: MENDOZA, SABRE
Address: 17 KRISTIN LANE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDOZA, JOHN N
Address: 6 EMERALD RUN
City-St-Zip: OCALA, FL 34472

Title: VD (X) Change () Addition
Name: MENDOZA, JOHN A
Address: 5140 COUNTRYSIDE COURT
City-St-Zip: ST CLOUD, FL 34711

Title: STD (X) Change () Addition
Name: MENDOZA, SABRE
Address: 6 EMERALD RUN
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify 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: SABRE MENDOZA

STD

04/25/2007

Electronic Signature of Signing Officer or Director

Date