

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154332

Entity Name: SUN STATE TITLE PARTNERS, INC.

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

6108 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6108 ARLINGTON ROAD
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 01-0879372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYNES, JAMES R
11810 INDIAN BLUFF COVE
JACKSONVILLE, FL 32225 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: HYNES, JAMES R
Address: 11810 INDIAN BLUFF COVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: JUNK, JULIE A
Address: 120 WARREN CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD () Delete
Name: WESTER, JOY E
Address: 6500 GRAY LAKE BLVD #619
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD () Delete
Name: SLAVESKI, JASON A
Address: 617 DAVIS STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: CFO () Delete
Name: WHITEHEAD, W ROGER
Address: 4165 OLD MILL COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES R HYNES

PD

09/05/2007

Electronic Signature of Signing Officer or Director

Date