

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022183

FILED
Mar 05, 2009
Secretary of State

Entity Name: GULLETT TITLE OF INTERLACHEN, INC.

Current Principal Place of Business:

1121 STATE ROAD 20
INTERLACHEN, FL 32148 US

New Principal Place of Business:

Current Mailing Address:

P.O. 1600
INTERLACHEN, FL 32148 US

New Mailing Address:

1121 STATE ROAD 20
INTERLACHEN, FL 32148 US

FEI Number: 20-8584365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULLETT, JASON H SR.
1121 STATE ROAD 20
INTERLACHEN, FL 32148 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: PRES () Delete
Name: GULLETT, JASON H SR.
Address: 1121 STATE ROAD 20
City-St-Zip: INTERLACHEN, FL 32148 US

Title: TRES () Delete
Name: GULETT, KIM K
Address: 1121 STATE ROAD 20
City-St-Zip: INTERLACHEN, FL 32148 US

Title: SECT () Delete
Name: GULLETT, KIM K
Address: 1121 STATE ROAD 20
City-St-Zip: INTERLACHEN, FL 32148 US

Title: DIR () Delete
Name: GULLETT, JASON H SR.
Address: 1121 STATE ROAD 20
City-St-Zip: INTERLACHEN, FL 32148 US

Title: DIR () Delete
Name: GULLETT, KIM K
Address: 1121 STATE ROAD 20
City-St-Zip: INTERLACHEN, FL 32148 US

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: KIM K GULLETT

DIR

03/05/2009

Electronic Signature of Signing Officer or Director

_____ Date