2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 19, 2008 8:00 am Secretary of State

	AIIIIVAL	,	Secretary or State					
DOCUMENT # P07000026550 1. Entity Name TITLE CONNECTION OF NORTH FLORIDA INC					08-19-2008	_		
Principal Place of Business Mailing Address								
799-2 Blanding BLVD Orange Park, FL 32065 US		799-2 BLANDING BLVD Orange Park, FL 32065 US						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05282008	Chg-P	CR2E034	(12/06)	
City & State		City & State		4. FEI Numbe	554141	^_		plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	\$8	3.75 Add e Required	itional
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New	Registered Age	nt	
FLANAGAN, LILIANNE								
FLANAGAN, LILIANNE 799-2 Blanding Blvd. Street Address KEYSTONE HEIGHTS, FL 32656 Orange Park, FL 32065				ess (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
	CICIO IIII, FE 12000 O(W	3206	5					
			City			FL	Zip Code	•
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. Lam 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								
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance corporation did			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF			
TITLE NAME	V, T FLANAGAN, LILIANNE	☐ Delete	TITLE NAME] Change	☐ Addition
STREET ADDRESS	799-2 BLANDING BLVD		STREET ADDRESS					
CITY-ST-ZIP	ORANGE PARK, FL 32065	E Couleur	CITY-ST-ZIP				1 Chango	☐ Addition
TITLE NAME	MECIAS, AL	Delete	TITLE NAME			L] Change	Modition
STREET ADDRESS CITY-ST-ZIP	799-2 BLANDING BLVD ORANGE PARK, FL 32065		STREET ADDRESS CITY-ST-ZIP					
TITLE	P TUÔMAS DAMMANE	☐ Delete	TITLE			_ [] Change _	. Addition
NAME STREET AUDRESS	THÔMAS, DAMIAN E 799-2 BLANDING BLVD		NAME STREET ADDRESS					i
CITY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP					
TITLE NAME	S WASSERMAN, MICHAEL A	☐ Delete	TITLE NAME			Ė] Change	Addition
STREET ADDRESS	799-2 BLANDING BLVD		STREET ADDRESS					
C1TY-ST-ZIP	ORANGE PARK, FL 32065		CITY-ST-ZIP			<u></u>		
TITLE NAME		☐ Delete	TITLE NAME] Change	Addition
STREET ADDRESS			STREET ADDRESS					į
CITY-ST-ZIP		☐ Delete	CHY-ST-ZIP TITLE			·····] Change	☐ Addition
NAME		Li Delete	NAME			L	1 outside	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					

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:

SIGNATURE AND TYPED OR SINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #