

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084088

FILED
Feb 15, 2009
Secretary of State

Entity Name: #1 TITLE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

202 WEST MAIN STREET
TAVARES, FL 32778

New Principal Place of Business:

593 EAST 1ST AVE.
MOUNT DORA, FL 32757

Current Mailing Address:

202 WEST MAIN STREET
TAVARES, FL 32778

New Mailing Address:

593 EAST 1ST AVE.
MOUNT DORA, FL 32757

FEI Number: 26-0577762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG, FL 34748 US

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: CHARLES D. JOHNSON

02/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: DEAN, J TABOR
Address: 593 EAST 1ST AVE
City-St-Zip: MT. DORA, FL 32757

Title: STD () Change (X) Addition
Name: SELTZER-DEAN, LEILANI
Address: 593 EAST 1ST AVE
City-St-Zip: MT. DORA, FL 32757

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: J TABOR DEAN

P

02/15/2009

Electronic Signature of Signing Officer or Director

Date