

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085453

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: NATIONAL PREMIER TITLE PARTNERS, INC.

## Current Principal Place of Business:

8800 UNIVERSITY PARKWAY  
SUITE B-6  
PENSACOLA, FL 32514 US

## New Principal Place of Business:

207 W. JACKSON STREET  
PENSACOLA, FL 32501 US

## Current Mailing Address:

3007 FLINTLOCK DRIVE  
PENSACOLA, FL 32526 US

## New Mailing Address:

207 W. JACKSON STREET  
PENSACOLA, FL 32501 US

FEI Number: 26-0883523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, ROBIN M  
3007 FLINTLOCK DRIVE  
PENSACOLA, FL 32526 US

## Name and Address of New Registered Agent:

MARCELYNAS, ROBIN A  
207 W. JACKSON STREET  
PENSACOLA, FL 32501 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: ROBIN A. MARCELYNAS

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JOHNSON, ROBIN M  
Address: 3007 FLINTLOCK DRIVE  
City-St-Zip: PENSACOLA, FL 32526 US

Title: VP ( ) Delete  
Name: THOMPSON, MARY LYNN  
Address: 207 LORUNA DRIVE  
City-St-Zip: GULF BREEZE, FL 32561 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MARCELYNAS, ROBIN A  
Address: 207 W. JACKSON STREET  
City-St-Zip: PENSACOLA, FL 32501 US

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: ROBIN A. MARCELYNAS

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date