


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 017 ***150.00

DOCUMENT # P07000112346 1. Entity Name CLOSING SERVICES OF SOUTH FLORIDA, INC.			
Principal Place of Business 3411 GATLIN DRIVE ROCKLEDGE, FL 32955		Mailing Address 3411 GATLIN DRIVE ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box # 3740 Chardonnay Dr. Suite, Apt. #, etc.		3. Mailing Address 3740 Chardonnay Dr. Suite, Apt. #, etc.	
City & State Rockledge, FL Zip 32955		City & State Rockledge, FL Zip 32955	
Country USA		Country USA	
4. FEI Number 26-1232122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		7. Name and Address of New Registered Agent Name Charles R. Burnett Street Address (P.O. Box Number is Not Acceptable) 4214 DAVINCI Avenue City Jacksonville FL Zip Code 32210	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Charles R. Burnett 3-31-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME CARAMEROS, CYNTHIA H STREET ADDRESS 3411 GATLIN DRIVE CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE President - Director NAME Cynthia H. Carameros STREET ADDRESS 3740 Chardonnay Dr. CITY-ST-ZIP Rockledge, FL 32955	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Cynthia H. Carameros, Pres. 3-28-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			