2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026586

Entity Name: HC TITLE SERVICES, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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P O BOX 698
ZOLFO SPRINGS, FL 33890
2774 BRIAR PATCH ROAD
ZOLFO SPRINGS, FL 33890

Current Mailing Address: New Mailing Address:

P O BOX 698 ZOLFO SPRINGS, FL 33890

FEI Number: 65-0572606 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:

BENNETT, MARGARET C 2774 BRIAR PATCH RD ZOLFO SPRINGS, FL 33890 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.

in the state of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 REVELL, F L JR
 Name:
 REVELL, F L JR

 Address:
 107 STENSTROM ROAD
 Address:
 107 STENSTROM ROAD

 City-St-Zip:
 WAUCHULA, FL
 33873

Title: PD () Delete Title: PD (X) Change () Addition

Name: CLARK, J A III Name: CLARK, J A III

Address: 117 N. ILLINOIS AVENUE Address: 117 N. ILLINOIS AVENUE
City-St-Zip: WAUCHULA, FL City-St-Zip: WAUCHULA, FL 33873

Title: STD () Delete Title: () Change () Addition

 Name:
 BENNETT, MARGARET C
 Name:

 Address:
 2774 BRIAR PATCH ROAD
 Address:

 City-St-Zip:
 ZOLFO SPRINGS, FL 33890
 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: MARGARET C. BENNETT STD 04/24/2008