2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State
09-06-2005 90138 010 ***150.00

50065192

DOCUMENT # P95000060046

1. Entity Name
EXPRESS TITLE LOAN, INC.

Principal Place of Business	Mailing Address
2418 N MONROE ST, UNIT #200 TALLAHASSEE, FL 32303	8017 ARCHER CIR. TALLAHASSEE, FL 32308

07012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	2418 N Monroe St Suite 200
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200 Suite
City & State	City & State Tall FL
Zip / Country	Zip 32303 Country USA

4. FEI Number 59-3337001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWAN, BONNIE
8217 ARCHER CIRCLE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name Bonnie Jenkins
Street Address (P.O. Box Number is Not Acceptable) 4059 Swift Way
City Tallahassee FL Zip Code 32311

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 ________ 8/30/05
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 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S	☐ Delete
NAME	STEPHENS, KEN	
STREET ADDRESS	1060 HARRELL ST.	
CITY-ST-ZIP	SLOCOMB, AL 36375	
TITLE	P	☐ Delete
NAME	ROWAN, BONNIE	
STREET ADDRESS	8017 ARCHER CIR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	Bonnie Jenkins	
STREET ADDRESS	4059 Swift Way	
CITY-ST-ZIP	Tall FL 32311	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ________ 8/30/05 298-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #