

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000039671

1. Entity Name  
EXPRESS TITLE MANAGEMENT, INC.



Principal Place of Business  
2418 N MONROE ST  
STE 200  
TALLAHASSEE, FL 32303 US

Mailing Address  
P.O. BOX 37446  
TALLAHASSEE, FL 32315 US

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3383754

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ROWAN, BONNIE  
8017 ARCHER CIR  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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

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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000090714  
03/17/04-80029-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LEVI, STEVEN C  
1061 LAKE WELLBROOK  
ATHENS, GA 30606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
ROWAN, BONNIE  
8017 ARCHER CIR  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Bonnie Rowan* 3-1504 906 468 0117