

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90054 047 \*\*\*150.00

40055010



01302007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3383754** Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name **Darlene R. Kilgore**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 Turquoise Beach Drive**  
City **Santa Rosa Beach Fl.** FL Zip Code **32459**

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  
**C/O KEN ABLE  
P.O. BOX 391  
TALLAHASSEE, FL 32312 US**

2. Principal Place of Business - No P.O. Box #  
**201 Turquoise Beach Drive**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Santa Rosa Beach, Fl.**

Zip  
**32459**

Country  
**USA**

6. Name and Address of Current Registered Agent

**ROWAN, BONNIE  
8017 ARCHER CIR  
TALLAHASSEE, FL 32308**

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 **Darlene R. Kilgore**  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEVI, STEVEN C	
STREET ADDRESS	1061 LAKE WELLBROOK	
CITY-ST-ZIP	ATHENS, GA 30606	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, BONNIE	
STREET ADDRESS	4059 SWIFT WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Kilgore, Darlene	
STREET ADDRESS	201 Turquoise Beach Drive	
CITY-ST-ZIP	Santa Rosa Beach, Fl. 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Darlene R. Kilgore**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #