## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000008483

Entity Name: LIGHTHOUSE TITLE SERVICES, INC.

FILED Mar 05, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| 4400 554 0044 01504 5                |                                  |

4420 BEACON CIRCLE SUITE 110 WEST PALM BEACH, FL 33407 US

Current Mailing Address: New Mailing Address:

4420 BEACON CIRCLE SUITE 110 WEST PALM BEACH, FL 33407 US

FEI Number: 65-0721414 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:

POSNER, MICHAEL J ESQ. 4420 BEACON CIRCLE SUITE 110 WEST PALM BEACH, FL 33407 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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WARD, PHILIP H III Name: DAMON, CONRAD Address: 4420 BEACON CIRCLE 4420 BEACON CIRCLE

Address: 4420 BEACON CIRCLE Address: 4420 BEACON CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407

Title: VDS () Delete Title: VDS (X) Change () Addition Name: DAMON, CONRAD Name: POSNER, MICHAEL

Address: 4420 BEACON CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407

Name: POSNER, MICHAEL
Address: 4420 BEACON CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33407

City-St-Zip: WEST PALM BEACH, FL 33407

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

Name: POSNER, MICHAEL J Name: WARD, PHILIP H III
Address: 4420 BEACON CIRCLE Address: 4420 BEACON CIRCLE

City-St-Zip: WEST PALM BEACH, FL 33407 US City-St-Zip: WEST PALM BEACH, FL 33407 US

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: CONRAD DAMON, ESQUIRE PD 03/05/2009