## **~2008 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attack

SIGNATURE.

## Mar 20, 2008 8:00 am Secretary of State **DOCUMENT # P97000011421** 03-20-2008 90028 048 \*\*\*150.00 HOME LENDING TITLE, INC. Principal Place of Business Mailing Address 50000277 241 S WESTMONTE DR 241 S WESTMONTE DR **SUITE 1000 SUITE 1000** ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 02222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3429782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEPHAN, REINHARD G DO NOT WRITE 241 S WESTMONTE DR **SUITE 1000** IN THIS SPACE ALTAMONTE SPRINGS, FL 327,14 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD 1 4 TITLE STEPHAN, REINHARD G NAME STREET ADDRESS 241 S WESTMONTE DR. SUITE 1000 ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP VSD TITLE LAMARCHE, CLEMENT NAME STREET ADDRESS 241 S WESTMONTE DR, SUITE 1000 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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 preview or trustee employered 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 attagrament with an address, with all pairs like emplowered.

FILED

407-772-3330