2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P98000034610 1. Entity Name HOMESIDE TITLE, INC.							04-28-2008 9	90359 01	5 ***150	0.00
Principal Place	e of Busines	9		่ ฐบูบ	0967-					
1881 UNIVER CORAL SPRIN	RSITY DR., S	STE. 100	, STE. 10 3071			. •			·	
2. Principal Pt 9600	lace of Busin	ness - No P.A. Box#	POPD.							
Suite, Apt.	#. etc. 4		Suite, Apt. #, ejc.			01042008	Chg-P	CR2E03	34 (12/06)	
City & State	SPRIN	165, FZ	CORM SPR	INGS	, É	4. FEI Numbe 65-088				plied For t Applicable
330.65		Country USA	33045	Coup	ŚA	1	of Status Desired		8.75 Add	itional
		and Address of Current I	glstered Agent			7. Name and Address of New Registered Agent				
BLAKE, W.		DR., STE. 100	Name Street Address (P.O. Box Number is Not Acceptable)							
CORAL SF										
				City			FL	Zip Code	9	
8. The above named entity submits this statement of 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. WATER R. BIAKE										
SIGNATURE_	Signaturé, typed	d or project name of registered agent a	and hile if applicable. (NOT	TE: Registere	d Agent signature requir	red when reinstating)	1 22.0	DATE	*	
		FEE IS \$150.00 8 Fee will be \$550.0	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1881 UN	WALTER R IVERSITY DR., STE. 10 SPRINGS, FL 33071	□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				l l			*	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete						Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			C) Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition
12. I hereby of indicated of the corchanged.	certify that the certify that the certify that the certify that the certification or the certification or the certification and the	ne information supplied with ort or supplemental report is the receiver or trustee empl tachment with an address	this filing does not qualify for true and accurate and that owered to secute this report with all other like empowered	or the ex- my signa t as requi	emptions contain- iture shall have the ired by Chapter 6 WALL CL.	ed in Chapter 119 e same legal effec 07, Florida Statute 2 BLA), Florida Statutes. I It as if made under Is; and that my nam		ify that the ir m an officer n Block 10 or	

Pres.