


**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000035990 1. Entity Name SUWANNEE TITLE SERVICES, INC.	
---	---

Principal Place of Business 11 N.E. 4 AVE CHIEFLAND, FL 32626	Mailing Address 11 N.E. 4 AVE CHIEFLAND, FL 32626
---	---



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3510668	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent DALTON, CYN DE L 1710 ROSEMARY CIRCLE BELL, FL 32619	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 _____ (NOTE: Registered Agent signature required when registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

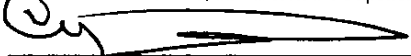
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000608177 01/31/07-80066-017 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEVENS, JENNIE 1818 ROSEMARY CIRCLE BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALTON, CYN DELEE 1710 ROSEMARY CIRCLE BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEVENS, GEORGE 1818 ROSEMARY CIRCLE BELL, FL 32619
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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

Date

352-493-2564

Daytime Phone #