

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020473

FILED
Jan 09, 2007
Secretary of State

Entity Name: BRENTWOOD TITLE SERVICES, INC.

Current Principal Place of Business:

PO BOX 111862
NAPLES, FL 341080132 US

New Principal Place of Business:

1019 CROSSPOINTE DRIVE
#1
NAPLES, FL 341100930 US

Current Mailing Address:

PO BOX 111862
NAPLES, FL 341080132 US

New Mailing Address:

FEI Number: 59-3561025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLER, KENNETH P
2318 MILL STREAM COURT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LYONS, SUSAN K
Address: 765 BRENTWOOD POINT
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: CROUCH, STEPHEN B
Address: 11598 LONGSHORE WAY W
City-St-Zip: NAPLES, FL 34119

Title: STD () Delete
Name: ENGLER, KENNETH P
Address: 2318 MILL STREAM COURT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN LYONS

PD

01/09/2007

Electronic Signature of Signing Officer or Director

Date