

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020473

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: BRENTWOOD TITLE SERVICES, INC.

## Current Principal Place of Business:

1019 CROSSPOINTE DRIVE  
#1  
NAPLES, FL 341100930 US

## New Principal Place of Business:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: LYONS, SUSAN K  
Address: 765 BRENTWOOD POINT  
City-St-Zip: NAPLES, FL 34110

Title: VSD (X) Change ( ) Addition  
Name: ENGLER, KENNETH P  
Address: 2318 MILL STREAM COURT  
City-St-Zip: NAPLES, FL 34109

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

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: SUSAN LYONS

PTD

01/25/2009

Electronic Signature of Signing Officer or Director

Date