FILED
May 01, 2006 08:00 A
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000037760

1. Entity Name
SPENCER FOR HIRE TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
719 TUMBLEBROOK DRIVE PORT ORANGE, FL 32127	719 TUMBLEBROOK DRIVE PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2179883

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPENCER, THOMAS E
719 TUMBLEBROOK DRIVE
PORT ORANGE, FL 32127

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000005540320
05/15/06-80077-015 155.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPENCER, KATHERINE E
STREET ADDRESS	306 DUNLAWTON AVENUE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VP
NAME	SPENCER, MATTHEW T
STREET ADDRESS	2183 HOLLY LANE
CITY-ST-ZIP	BUNNEL, FL
TITLE	ST
NAME	SPENCER, KATHERINE E
STREET ADDRESS	306 DUNLAWTON AVENUE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Katherine Spencer President 4/26/06 386-304-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Katherine Spencer