

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001900

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: HARTFORD NATIONAL TITLE, INC.

**Current Principal Place of Business:**

326 W MAIN STREET  
SUITE 208  
MILFORD, CT 06460

**New Principal Place of Business:**

**Current Mailing Address:**

326 W MAIN STREET  
SUITE 208  
MILFORD, CT 06460

**New Mailing Address:**

FEI Number: 20-2310704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES INC  
2731 EXECUTIVE PARK DR SUITE 4  
WESTON, FL 33331 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: DP ( ) Delete  
Name: PENNER, SCOTT  
Address: 326 W MAIN STREET  
City-St-Zip: MILFORD, CT 06460

Title: DT ( ) Delete  
Name: WALSH, JOHN  
Address: 326 W MAIN STREET  
City-St-Zip: MILFORD, CT 06460

Title: DVP (X) Delete  
Name: HOFFMAN, DOUGLAS  
Address: 326 W MAIN ST, SUITE 208  
City-St-Zip: MILFORD, CT 06460

**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 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: SCOTT PENNER

DP

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date