


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90012 036 ***150.00

DOCUMENT # P05000071082

1. Entity Name
TYS TRUSTEE SERVICES, INC.



Principal Place of Business
**1221 LEE ROAD
 SUITE 103
 ORLANDO, FL 32810 US**

Mailing Address
**P. O. BOX 741255
 ORANGE CITY, FL 32774 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
**1221 Lee Road
 Suite 103
 Orlando Florida
 32810 US**

6. Name and Address of Current Registered Agent
**TYS TITLE SERVICES, INC.
 1221 LEE ROAD
 SUITE 103
 ORLANDO, FL 32810**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COURTADE, MARGUERITE G		NAME	
STREET ADDRESS 1221 LEE ROAD, SUITE 103		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32810		CITY-ST-ZIP	
TITLE VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BULLOCK, MARY		NAME	
STREET ADDRESS 1221 LEE ROAD, SUITE 103		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32810		CITY-ST-ZIP	
TITLE VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERRELL, JANIS		NAME	
STREET ADDRESS 1221 LEE ROAD, SUITE 103		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32810		CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODALE, JONI		NAME	
STREET ADDRESS 1221 LEE ROAD, SUITE 103		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32810		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Janis Ferrell Janis Ferrell 5/9/08 4072929709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

