


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000090014

1. Entity Name
 TYS TITLE SERVICES, INC.



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

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

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3473639

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
 417 E. VIRGINIA ST.
 STE. 1
 TALLAHASSEE, FL 32301-1283

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COURTADE, MARGUERITE G 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BULLOCK, MARY 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOODALE, JONI 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIJOS, IVY 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FERRELL, JANIS 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000127716
 04/28/04-80005-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marguerite G. Courtaud, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/20/04 Daytime Phone #: 407-292-9900