

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90184 010 ***150.00

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1. Entity Name
 TYS TITLE SERVICES, INC.

Principal Place of Business Mailing Address
 1221 LEE RD P. O. BOX 741255
 SUITE 103 ORANGE CITY, FL 32774 US
 ORLANDO, FL 32810 US

14000091



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

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

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 _____ 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, 2005 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 <input type="checkbox"/> Delete 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BULLOCK, MARY <input type="checkbox"/> Delete 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOODALE, JONI <input type="checkbox"/> Delete 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIJOS, IVY <input checked="" type="checkbox"/> Delete 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FERRELL, JANIS <input type="checkbox"/> Delete 1221 LEE RD STE 103 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janis Ferrell VP/IO Date: 4/22/05 Daytime Phone #: 407 292 9709