

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002656

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: TITLESOURCE, LTD., CORPORATION

**Current Principal Place of Business:**

2677 COUNTY ROAD 10  
MOUNDSVIEW, MN 55112

**New Principal Place of Business:**

**Current Mailing Address:**

2677 COUNTY ROAD 10  
MOUNDSVIEW, MN 55112

**New Mailing Address:**

FEI Number: 41-1959841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CEOC ( ) Delete  
Name: JONAS, TRENT  
Address: 2677 COUNTY ROAD 10  
City-St-Zip: MOUNDSVIEW, MN 55112

Title: COOD ( ) Delete  
Name: MIELKE, THOM  
Address: 2677 COUNTY ROAD 10  
City-St-Zip: MOUNDSVIEW, MN 55112

Title: SD ( ) Delete  
Name: FRANTZ, JEFFIFER  
Address: 2677 COUNTY ROAD 10  
City-St-Zip: MOUNDSVIEW, MN 55112

**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 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 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: JENNIFER FRANTZ

CFO

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date