

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90002 023 ***150.00

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1. Entity Name
PRIME TITLE SERVICES, INC.



Principal Place of Business
**2 PARK CENTRAL DRIVE
SOUTHBOROUGH, MA 01772**

Mailing Address
**2 PARK CENTRAL DRIVE
SOUTHBOROUGH, MA 01772**

04024328



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2670388

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	PSTD
NAME	PAPPAS, ARIS H
STREET ADDRESS	82 BRIDLE PATH
CITY-ST-ZIP	SUDBURY, MA 01776
TITLE	MD
NAME	POUTRE, WILLIAM J
STREET ADDRESS	8 RED GATE LANE
CITY-ST-ZIP	SOUTHBOROUGH, MA 01772
TITLE	CEO
NAME	XXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXX
CITY-ST-ZIP	XXXXXXXXXXXX
TITLE	CEO
NAME	XXXXXXXXXXXX
STREET ADDRESS	XXXXXXXXXXXX
CITY-ST-ZIP	XXXXXXXXXXXX
TITLE	ACLK
NAME	XXXXXXXXXXXX Peter Pappas
STREET ADDRESS	XXXXXXXXXXXX 2 Park Central Dr.
CITY-ST-ZIP	XXXXXXXXXXXX Southborough, MA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aris H. Pappas, Pres

Date

Daytime Phone #

3/10/04 508 263 1100