


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F71407 1. Entity Name THE ORIGINAL PROFESSIONAL TITLE SERVICES OF SARASOTA, INC.	
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Principal Place of Business 6378 N. LOCKWOOD RIDGE RD. SARASOTA, FL 34243 US	Mailing Address 3007 MANATEE AVE. W. BRADENTON, FL 34205 US
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2171668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COUPLAND, DAVID R 7807 SEVILLE CIRCLE BRADENTON, FL 34209
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**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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000120457 04/19/04-80132-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGLOW, NICHOLAS P 3617 WHITE SULPHUR PL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAVIS, RONALD C 4403 SNEAD ISLAND RD PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUPLAND, DAVID R 7807 SEVILLE CIRCLE BRADENTON, FL 34209
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 changes empowered.

SIGNATURE:  David R. Coupland	Date 3/24/04	Daytime Phone # 941-752-7777
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		