


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97476</b> 1. Entity Name <b>LAWYERS' TITLE SERVICES, INC.</b>	
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Principal Place of Business <b>6545 CORPORATE CENTRE BLVD ORLANDO, FL 32822 US</b>	Mailing Address <b>P.O. BOX 628600 ORLANDO, FL 32862-8600 US</b>
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**DO NOT WRITE IN THIS SPACE**



09132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-0785530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CONNER, W T 6545 CORPORATE CENTRE BLVD. ORLANDO, FL 32822</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOVALESKI, CHARLES J. 4120 GABRIELLA LN WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY, R. NORWOOD, III 6630 CONWAY LAKES DR. ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JONES, JIMMY R. 3417 GRANT BLVD. ORLANDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/16/05-80001-009 150.00

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:  **Sup Fannie** **9/13/05 / (407) 246-3863**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #