## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38964

Entity Name: PRO TITLE SERVICES, INC.

FILED Apr 01, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

PO BOX 272491 5617 PINE BAY DR. TAMPA, FL 33688 US TAMPA, FL 33625 US

**Current Mailing Address: New Mailing Address:** 

6805 SILVER BRANCH CT P.O.BOX 272491 TAMPA, FL 33625 TAMPA, FL 33688 US

FEI Number: 59-2735661 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALONSO, RAMON ALONSO, RAMON 5617 PINÉ BAY DR. 6805 SILVER BRANCH CT TAMPA, FL 33625 US TAMPA, FL 33625

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: 04/01/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete Title: (X) Change ( ) Addition

Title: ALONSO, RAMON, ALONSO, RAMON, Name: Name:

6805 SILVER BRANCH COURT 5617 PINE BAY DR Address: Address: City-St-Zip: TAMPA FL City-St-Zip: TAMPA, FL 33625

Title: Title: (X) Change ( ) Addition () Delete Name: ALONSO, RAMON. Name: ALONSO, RAMON,

6805 SILVER BRANCH COURT 5617 PINE BAY DR Address: Address: TAMPA, FL 33625 TAMPA, FL 33625 City-St-Zip: City-St-Zip:

Title: Title: VSD ( ) Delete () Change () Addition

HOYT, JAMES RANDALL Name: Name: 11714 ORANGE GROVE DR Address: Address: City-St-Zip: TAMPA, FL 33688 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RAMON ALONSO **PRES** 04/01/2006