2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AN Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nan	MENT # J55442 ne SIA TITLE SERVICES, INC.				Sec	retary of State
2730 US 1 S SUITE G	\$	Aailing Address 2730 US 1 S SUITE G ST. AUGUSTINE, FL 32086	US			
[OO NOT WRITE I	** Carried D.C. Com C. St., 1997 College Management arrangement	CE	03112004 4. FEI Numb 59-276	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent		·		
JAN J. KELLUM 2730 US 1 SOUTH SUITE G ST. AUGUSTINE, FL 32086				-	NOT W	
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title		ed office or register		th, in the State of Flor	rida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	noing _ \$5.	00 May Be ad to Fees	<u> </u>	-
10.	OFFICERS AND DIRE	CTORS			- · · · · · · · · · · · · · · · · · · ·	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P KELLUM, JAN J. RT. 1, BOX 123-T ST. AUGUSTINE, FL V STINSON, RUTH 7877 U.S. 1 SOUTH				H000001 .úS/ <u>03/04-</u> 8	48763 0160-005 150.00
CITY-ST-ZIP FIFLE NAME STREET ADDRESS CITY-ST-ZIP	ST. AUGUSTINE, FL			DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP LITLE NAME STREET ADDRESS		<u></u>		IN T	THIS SP	ACE
CITY-ST-ZIP						

12. Thereby certify that the information supplied with this filing does not quality 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 507, 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: 🗹

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SCHAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-22-04 1904 757-7621