

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015528

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA TOTAL TITLE SERVICES, INC.

**Current Principal Place of Business:**

207 SWEETGUM CT.  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

4254 SHADES CREST LANE  
SANFORD, FL 32773

**Current Mailing Address:**

207 SWEETGUM CT.  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

4254 SHADES CREST LANE  
SANFORD, FL 32773

**FEI Number:** 59-3628286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPKO, ROBERT J  
405 WAYMONT COURT,STE.101  
LAKE MARY, FL 32746

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

CAPKO, ROBERT J ESQ.  
365 WAYMONT COURT,STE. 105  
LAKE MARY, FL 32746

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: ROBERT J. CAPKO

04/28/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPV ( ) Delete  
Name: JACOBS, WILLIAM A  
Address: 207 SWEETGUM CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DST ( ) Delete  
Name: JACOBS, JEAN  
Address: 207 SWEETGUM CT  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPV (X) Change ( ) Addition  
Name: JACOBS, WILLIAM A  
Address: 4254 SHADES CREST LANE  
City-St-Zip: SANFORD, FL 32773

Title: DST (X) Change ( ) Addition  
Name: JACOBS, JEAN  
Address: 4254 SHADES CREST LANE  
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEAN JACOBS

DST

04/28/2004

Electronic Signature of Signing Officer or Director

Date