
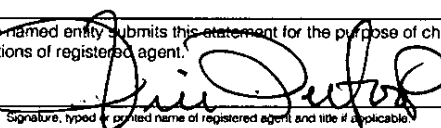
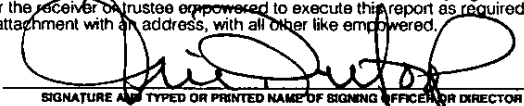


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90043 043 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P00000096905</b><br>1. Entity Name<br><b>CITY TITLE SERVICES, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>412 LAKE HOWELL ROAD<br/>MAITLAND, FL 32751</b>   |  |   | Mailing Address<br><b>412 LAKE HOWELL ROAD<br/>MAITLAND, FL 32751</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number<br><b>59-3678725</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ZINNA, JASON J<br/>407 LAKE HOWELL ROAD<br/>MAITLAND, FL 32751</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Jill DEHOOP</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>412 Lake Howell Rd</b><br>City <b>Maitland</b> <b>FL</b> Zip Code |   |  |
| 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.<br>SIGNATURE  <b>Jill DEHOOP</b> <b>3-11-05</b> DATE<br><small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPS<br>LUCKENBACH, BARON R<br>407 LAKE HOWELL ROAD<br>MAITLAND, FL 32751 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>ZINNO, JASON J<br>407 LAKE HOWELL ROAD<br>MAITLAND, FL 32751        | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPT<br>ZINNO, JENNIFER M<br>407 LAKE HOWELL ROAD<br>MAITLAND, FL 32751   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>DEHOOP, BRENT<br>407 LAKE HOWELL ROAD<br>MAITLAND, FL 32751        | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>DEHOOP, JILL<br>407 LAKE HOWELL ROAD<br>MAITLAND, FL 32751         | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>LUCKENBACH, BEVERLY<br>407 LAKE HOWELL ROAD<br>MAITLAND, FL 32751  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>JASON J. Zinno<br>407 Lake Howell Rd<br>Maitland, FL 32751         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>Jill DEHOOP<br>412 Lake Howell Rd<br>Maitland, FL 32751             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| 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:  <b>President</b> <b>3-11-05</b> <b>407-509-9932</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |  |   |  |