2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# P00000102824

Entity Name: FIRST COMMUNITY TITLE SERVICES, INC.

Current Principal Place of Business:

2804 DEL PRADO BLVD
109
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

2804 DEL PRADO BLVD
109
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-1059474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOODY, W SCOTT
2804 DEL PRADO BLVD
SUITE 109
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	COTTRELL, JAMES L	
Address:	1633 SE 47TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	S/T	( ) Delete
Name:	MERCHANT, WILLIAM C	
Address:	1633 SE 47TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	D	( ) Delete
Name:	WARCHOL, MARTHA S	
Address:	1633 SE 47TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	D	( ) Delete
Name:	ROLLINGS, HARVEY	
Address:	1633 SE 47TH TERRACE	
City-St-Zip:	CAPE CORAL, FL 33940	
Title:	PDST	( ) Delete
Name:	SCOTT, MOODY W	
Address:	2804 DEL PRADO BLVD., SUITE 109	
City-St-Zip:	CAPE CORAL, FL 33904	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WILLIAM S. MOODY PRES 02/22/2005

Electronic Signature of Signing Officer or Director — Date