


**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90035 041 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P00000107785**  
 1. Entity Name  
**NORTH STATE TITLE SERVICES, INC.**



Principal Place of Business      Mailing Address  
**980 W BAYSHORE DRIVE**      **980 W BAYSHORE DRIVE**  
**ST GEORGE ISLAND, FL 32328**      **ST GEORGE ISLAND, FL 32328**

**66001942**



Principal Place of Business      Mailing Address  
*3055 Crawfordville Highway*      *3055 Crawfordville Highway*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01112005    Chg-P    CR2E034 (10/03)

City & State      City & State  
*Crawfordville FL*      *Crawfordville FL*  
 Zip      Country      Zip      Country  
*32327*      *USA*      *32327*      *USA*

4. FEI Number      Applied For  
**59-2867007 3687007**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**YORE, KAREN HOPE**  
**3055 CRAWFORDVILLE HWY**  
**CRAWFORDVILLE, FL 32327**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      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.  
 SIGNATURE: *Karen Hope Yore*      DATE: *1/11/05*  
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning))

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YORE, FRANK J 457 HUNTER'S TRACE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YORE, KAREN HOPE 457 HUNTER'S TRACE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Karen Hope Yore*      Date: *2/11/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #