

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107785

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** NORTH STATE TITLE SERVICES, INC.

**Current Principal Place of Business:**

68 A FELI WAY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10836  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-3687007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YORE, FRANK J  
68 A FELI WAY  
CRAWFORDVILLE, FL 32327 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: YORE, FRANK J  
Address: 457 HUNTER'S TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: FRANK J. YORE

PRES

06/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date