

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000100072

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** PALM BEACH TITLE SERVICES CORP.

**Current Principal Place of Business:**

7731 N. MILITARY TRAIL  
#4  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

7731 N. MILITARY TRAIL  
#4  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

9835 LAKE WORTH ROAD  
#15  
LAKE WORTH, FL 33467

**FEI Number:** 65-1145125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VON HOFFMANN, KIMBERLY  
7731 N. MILITARY TRAIL  
STE 4  
PALM BEACH GARDENS, FL 33410 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:** DPT  
**Name:** VON HOFFMANN, KIMBERLY  
**Address:** 15131 82ND TERR N  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

**Title:** VS  
**Name:** REED, LAURIE  
**Address:** PO BOX 10022  
**City-St-Zip:** MIDLAND, TX 79702

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:** KIMBERLY VON HOFFMANN

DPT

02/19/2010

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

\_\_\_\_\_  
Date