


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000089789 1. Entity Name REAL ESTATE SERVICES & TITLE, INC.	
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Principal Place of Business 2250 LUCIEN WAY SUITE 110 MAITLAND, FL 32751	Mailing Address 2250 LUCIEN WAY SUITE 110 MAITLAND, FL 32751
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0026645	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNLAP, AMY J 100 MOREE LOOP #18 WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE Registered Agent signature required when reinstalling)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUNLAP, AMY J 100 MOREE LOOP # 18 WINTER PARK, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNLAP, JOEL 100 MOREE LOOP #18 WINTER PARK, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRIFFIN, C. LANE 2250 LUCIEN WAY SUITE 110 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUSTER, WILLIAM E 2250 LUCIEN WAY SUITE 110 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

1000000296297
04/09/05-80062-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/12/05	Date	407-788-3118	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			