

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000089789

FILED
Dec 08, 2005
Secretary of State

Entity Name: REAL ESTATE SERVICES & TITLE, INC.

Current Principal Place of Business:

2250 LUCIEN WAY
SUITE 110
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2250 LUCIEN WAY
SUITE 110
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 27-0026645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNLAP, AMY J
100 MOREE LOOP #18
WINTER SPRINGS, FL 32708 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: P () Delete
Name: DUNLAP, AMY J
Address: 100 MOREE LOOP # 18
City-St-Zip: WINTER PARK, FL 32708

Title: D () Delete
Name: DUNLAP, JOEL
Address: 100 MOREE LOOP #18
City-St-Zip: WINTER PARK, FL 32708

Title: V (X) Delete
Name: GRIFFIN, C. LANE
Address: 2250 LUCIEN WAY SUITE 110
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: CUSTER, WILLIAM E
Address: 2250 LUCIEN WAY SUITE 110
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D,S (X) Change () Addition
Name: DUNLAP, JOEL
Address: 100 MOREE LOOP #18
City-St-Zip: WINTER PARK, FL 32708

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: AMY J. DUNLAP

P

12/08/2005

Electronic Signature of Signing Officer or Director

Date