
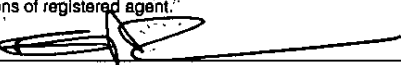



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90306 038 ***150.00

DOCUMENT # P03000026776					
1. Entity Name JM TITLE SERVICES, INC.					
Principal Place of Business 2858 UNIVERSITY DR. CORAL SPRINGS, FL 33065			Mailing Address 2858 UNIVERSITY DR. CORAL SPRINGS, FL 33065		
2. Principal Place of Business 5501 UNIVERSITY DR. Suite, Apt. #, etc. SUITE 101		3. Mailing Address 5501 UNIVERSITY DR. Suite, Apt. #, etc. SUITE 101			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 13-4246753	
Zip 33007		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33007		Country USA		01042005 Chg-P CR2E034 (10/03)	
8. Name and Address of Current Registered Agent TRINKLER, MICHAEL A 2858 UNIVERSITY DR. CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name MICHAEL A. TRINKLER Street Address (P.O. Box Number is Not Acceptable) 5501 UNIVERSITY DR. # 101 City CORAL SPRINGS FL Zip Code 33067		
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 			DATE 3-5-05		
SIGNATURE, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINKLER, MICHAEL A		NAME	MICHAEL A. TRINKLER	
STREET ADDRESS	2858 UNIVERSITY DR.		STREET ADDRESS	5501 UNIVERSITY DR. # 101	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			DATE 3-5-05		954-341-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #