# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 26, 2009**
**Secretary of State**

DOCUMENT# P03000046773

**Entity Name:** RESORT TITLE SERVICES, INC.

**Current Principal Place of Business:**

1000 SHOREWOOD DRIVE
SUITE 200
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

C/O YOUNG & MADIGAN, S.C.
710 N. PLANKINTON AVENUE, #1200
MILWAUKEE, WI 53203

**New Mailing Address:**

**FEI Number: 71-0946649** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: PD ( ) Delete
Name: BORRIS, JAMES D
Address: 710 N. PLANKINTON AVE., #1100
City-St-Zip: MILWAUKEE, WI 53203

Title: V ( ) Delete
Name: BENNETT, KOHN
Address: 1000 SHOREWOOD DRIVE, SUITE 200
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V ( ) Delete
Name: GRANDLICH, JOHN R
Address: 710 N. PLANKINTON AVE., #1100
City-St-Zip: MILWAUKEE, WI 53203

Title: VT ( ) Delete
Name: BRAUN, ROBERT E
Address: 710 N. PLANKINTON AVE., #1000
City-St-Zip: MILWAUKEE, WI 53203

Title: AS ( ) Delete
Name: KLUG, JUSTIN
Address: 710 N. PLANKINTON AVE., #1100
City-St-Zip: MILWAUKEE, WI 53203

Title: VS ( ) Delete
Name: YOUNG, JAMES B
Address: 710 N. PLANKINTON AVE., #1200
City-St-Zip: MILWAUKEE, WI 53203

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 exemption stated in Chapter 119, 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: JAMES B. YOUNG V 02/26/2009

Electronic Signature of Signing Officer or Director — Date