

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90237 035 ***150.00

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DOCUMENT # P03000108672					
1. Entity Name METRO TITLE SERVICES, INC.					
Principal Place of Business 3200 S. HIAWASSEE ROAD, SUITE 205 ORLANDO, FL 32835			Mailing Address 3200 S. HIAWASSEE ROAD, SUITE 205 ORLANDO, FL 32835		
2. Principal Place of Business 6200 Metrowest Blvd.		3. Mailing Address 6200 Metrowest Blvd.		01092006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203		4. FEI Number 20-0272657	
City & State Orlando, FL		City & State Orlando, FL		Applied For Not Applicable	
Zip 32835	Country Orange	Zip 32835	Country Orange	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALL, RUFUS 3200 S. HIAWASSEE ROAD, SUITE 205 ORLANDO, FL 32835			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, RUFUS 3200 S. HIAWASSEE ROAD, SUITE 205 ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALL, CYNTHIA J VP 3200 S. HIAWASSEE ROAD, SUITE 205 ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		Rufus Hall President		1/9/06 407.290.3175	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	