



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000124475 1. Entity Name FLA TITLE SERVICES, INC.	
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Principal Place of Business 2435 U.S. HIGHWAY 19 SUITE 570 HOLIDAY, FL 34691 US	Mailing Address 2435 U.S. HIGHWAY 19 SUITE 570 HOLIDAY, FL 34691 US
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**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3108121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  EVANS, VIRGINIA W 6315 SPOONBILL DRIVE NEW PORT RICHEY, FL 34652	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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		<p>U00000304094 04/14/05-80029-006 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVANS, VIRGINIA W 6315 SPOONBILL DRIVE NEW PORT RICHEY, FL 34652	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EVANS, PAUL M 6315 SPOONBILL DRIVE NEW PORT RICHEY, FL 34652	
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TITLE NAME STREET ADDRESS 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)(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:  4/14/05 727-945-9669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #