
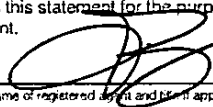


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90012 012 ***550.00

| | | | | | |
|--|--|---------------------------------|---|--|---|
| DOCUMENT # P04000125614 1. Entity Name STATTON TITLE SERVICES, INC. | | | |  | |
| Principal Place of Business 3804 NORTH "A" STREET TAMPA, FL 33609 | | | Mailing Address 3804 NORTH "A" STREET TAMPA, FL 33609 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FFI Number 20-15167818 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent DONNELLY, SEAN V 3708 W. EUCLID AVENUE TAMPA, FL 33629 | | | | 7. Name and Address of New Registered Agent Name Jason Statton Street Address (P.O. Box Number is Not Acceptable) 3804 W. NORTH A City Tampa FL Zip Code 33609 | |
| 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 7/25/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STATTON, JASON 5150 99TH WAY N. ST. PETERSBURG, FL 33708 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S, T FINGAR, LARA 406 S. OREGON AVENUE TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S, T FINGAR, LARA 406 S. OREGON AVENUE TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S, T FINGAR, LARA 406 S. OREGON AVENUE TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S, T FINGAR, LARA 406 S. OREGON AVENUE TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S, T FINGAR, LARA 406 S. OREGON AVENUE TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S, T FINGAR, LARA 406 S. OREGON AVENUE TAMPA, FL 33606 | <input type="checkbox"/> Delete | | | |

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.

7/8/05 813-514-2355