

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000172850

1. Entity Name

REAL ESTATE SERVICES & TITLE, II, INC.



Principal Place of Business

2250 LUCIEN WAY, #100  
MAITLAND, FL 32751

Mailing Address

2250 LUCIEN WAY, #100  
MAITLAND, FL 32751



02222007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2095059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, JOEL  
2250 LUCIEN WAY, #100  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DUNLAP, JOEL  
STREET ADDRESS 100 MOREE LOOP, #18  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VP  
NAME CUSTER, WILLIAM E  
STREET ADDRESS 2250 LUCIEN WAY, #110  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D  
NAME DUNLAP, AMY  
STREET ADDRESS 100 MOREE LOOP, #18  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000646803  
03/06/07-80046-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-07 407-478-3019

Date

Daytime Phone #