

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000014197

1. Entity Name  
TITLE RESEARCH & SERVICES, INC.



Principal Place of Business

917 BRIARWOOD DR.  
HAVERHILL, FL 33415

Mailing Address

917 BRIARWOOD DR.  
HAVERHILL, FL 33415



01212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0561594

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARABELLO, MICHAEL J  
917 BRIARWOOD DR.  
HAVERHILL, FL 33415

**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 reinstating)

000000610056  
02/02/07-80007-004 150.00

**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	VP
NAME	CARABELLO, MICHAEL J
STREET ADDRESS	917 BRIARWOOD DR.
CITY- ST- ZIP	HAVERHILL, FL 33415
TITLE	P
NAME	CONAUGHTY, KELLY J
STREET ADDRESS	917 BRIARWOOD DR.
CITY- ST- ZIP	HAVERHILL, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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 or without other like empowered.

SIGNATURE: *Michael J Carabello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael J Carabello*

1-24-07

Date

561-687-4575

Daytime Phone