


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jun 09, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P95000031132**

1. Entity Name  
**TITAN SERVICES, INC.**



Principal Place of Business  
**410 SW 4TH TERRACE  
DANIA, FL 33004**

Mailing Address  
**P.O. BOX 350465  
FT LAUDERDALE, FL 33335**



**DO NOT WRITE IN THIS SPACE**

06082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0574895**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FAIRBANKS, RICHARD B  
410 SW 4TH TERRACE  
DANIA, FL 33004**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARROT, DAVID 620 SAN MARCO DRIVE FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FAIRBANKS, RICHARD B 2837 AQUA VISTA BOULEVARD FT LAUDERDALE, FL 33301
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400000369275  
06/09/05-80001-024 150.00

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IN THIS SPACE**

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:** *Richard B. Fairbanks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_