


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90459 014 \*\*\*158.75


<b>DOCUMENT # P95000080767</b>	
1. Entity Name <b>RELIABLE TITLE SEARCH, INC.</b>	

Principal Place of Business <b>5600 PALM DR FORT PIERCE, FL 34982</b>	Mailing Address <b>1165 S US 1 SUITE 16 FT PIERCE, FL 34950</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>5600 Palm Dr.</b> Suite, Apt. #, etc.
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City & State <b>Fort Pierce FL</b>	City & State <b>Fort Pierce FL</b>
Zip <b>34982</b>	Country <b>U.S.</b>

**60032006**



04272006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0616250**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent <b>RAULERSON, TERESA 5600 PALM DR FORT PIERCE, FL 34982</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: *Teresa S. Raulerson* DATE: 4-26-06

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 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RAULERSON, TERESA S</b>		NAME	
STREET ADDRESS <b>5600 PALM DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT PIERCE, FL 34982</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>RAULERSON, LOWELL</b>		NAME	
STREET ADDRESS <b>5600 PALM DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT PIERCE, FL 34982</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Teresa S. Raulerson* DATE: 4-26-06 DAYTIME PHONE: 772-489-9650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR