

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90339 046 ***150.00

DOCUMENT # P96000019323

1. Entity Name
PEOPLES TITLE SERVICES, INC.



Principal Place of Business
**1713 SOUTH LOIS AVE
STE # 100
TAMPA, FL 32629-5754**

Mailing Address
**1713 SOUTH LOIS AVE
STE # 100
TAMPA, FL 32629-5754**

30040155



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3366006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~LOPEZ, AL R JR
LOPEZ & KELLY P.A.
4600 W CYPRESS STREET STE 500
TAMPA, FL 33607~~

**ROGER A. DAFT
RealWorks
1602 Oakfield Dr.
Suite 207
Brandon, FL 33511**

**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)

DATE

Roger A. Daft **2/16/05**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAFT, CYNTHIA C
1713 SOUTH LOIS AVE STE 100
TAMPA, FL 326395754**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRAVIESA, TANYA
1713 SOUTH LOIS AVE STE 100
TAMPA, FL 336295754**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Cynthia C. Daft

CYNTHIA C. DAFT

04/04/05

813-662-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #