

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

00040155

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01062005 No Chg-P CR2E034 (10/03)

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

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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: Roger A. Daft DATE: 2/16/05
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
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	D
NAME	DAFT, CYNTHIA C
STREET ADDRESS	1713 SOUTH LOIS AVE STE 100
CITY-ST-ZIP	TAMPA, FL 326395754
TITLE	D
NAME	TRAVIESA, TANYA
STREET ADDRESS	1713 SOUTH LOIS AVE STE 100
CITY-ST-ZIP	TAMPA, FL 336295754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #