

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90016 011 \*\*\*150.00

**DOCUMENT # P96000071024**

1. Entity Name

**DOWNUM TITLE SERVICES, INC.**



Principal Place of Business

**17123 MAIN ST S  
BLOUNTSTOWN FL 32424**

Mailing Address

**17123 MAIN ST S  
BLOUNTSTOWN FL 32424**

2. Principal Place of Business

**17030 MAIN STREET SOUTH**

3. Mailing Address

**17030 MAIN STREET SOUTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BLOUNTSTOWN, FLORIDA**

City & State

**BLOUNTSTOWN, FLORIDA**

Zip

**32424**

Country

**CALHOUN**

Zip

**32424**

Country

**CALHOUN**

4. FEI Number

**59-3396600**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DOWNUM, JUDY L  
17123 MAIN ST S  
BLOUNTSTOWN FL 32424**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Judy L. Downum*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOWNUM, JUDY L	
STREET ADDRESS	RT 1 BOX 113	
CITY-ST-ZIP	ALTHA FL 32421	

TITLE	STD	<input type="checkbox"/> Delete
NAME	DOWNUM, TRESKO L	
STREET ADDRESS	RT 1 BOX 113	
CITY-ST-ZIP	ALTHA FL 32421	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Judy L. Downum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

850-674-3533

Date

Daytime Phone #