2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 22, 2006 8:00 am Secretary of State

813-962-0548

DOCUMENT # P97000101846 1. Entity Name PARTNERS TITLE SERVICES CORPORATION									03-22-2006 9	•	2 ***150.	00	
Principal Place of Business Mailing Address								-					
1502 W. FLETCHER AVE. 1502 W. FLETCHER AVE.											-		
SUITE 101 SUITE 101 TAMPA, FL 33612 TAMPA, FL 3													
inum n, i	33012		izur	IFA, IL 33012					IBM IIBM ARIA ARIA ARI				
2. Principal Place of Business				3. Malling Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02012006	Chg-P	CR2E0	34 (11/05)		
City & State				City & State				4. FEI Numbe 59-3505				oplied For ot Applicable	
Zip	<u> </u>			Zip Coun			5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent								7. Name and	Address of New F	logistered .	Agent		
FARR, JAMES G						Name David B. Housefield							
1502 W. FLETCHER AVE.						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 101							1502 W. Fletcher AV						
TAMPA, FL 33612						Suite (0)							
							Tampa FL Zip Code 33612						
	named entity	y submits this statement	for the pur	pose of changing its	register	ed office or r	egister	ed agent, or both	n, in the State of Flo	orida. I am	familiar with,	and accept	
l incopingal			_	~						7/2	l		
SIGNATURE.	Signature, Noe	or planed name of projected age	on and like it as	xolicable. (NOTI	E: Recistere	d Agent signature	a recruired	when reinstating)		2/3/	06		
		#/						1					
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550	0.00	Election Campai Trust Fund Cont		ncing	\$5. Add	.00 May Be ed to Fees					
10.		D DIRECTO	DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11		
TITLE	DPS					E					☐ Change	☐ Addition	
NAME FARR, JAMES G STREET ADDRESS 1502 W. FLETCHER AVE., STE.			E 101		NAM	E ET ADDRESS							
CITY-ST-ZIP			-ST-ZIP										
TITLE	EVPD			☐ Delete	Iπ	E .					☐ Change	Addition	
NAME	HOUSEFIELD, DAVID B			NAM							_ •		
STREET ADDRESS CITY-ST-ZIP	1502 W FI TAMPA, F	LETCHER AV., STE		4	ET ADORESS -ST-ZIP								
TITLE	VP	-L 33012		Delete	IIIL						☐ Change	Addition	
NAME	1	WELL, SUSAN E		Celere	NAM						C) Charge		
STREET ADDRESS	1502 W. F	FLETCHER AV., STE	101		- 6	ET ADDRESS							
CITY-ST-ZIP	TAMPA, F	FL 33612			—	-ST-ZIP							
TITLE NAME	1			Delete	TITL		VI		بلد يا يا و د		Change	Addition	
STREET ADDRESS						ET ADDRESS	150	2 w. Fu	winant tcherAv.,S	uite 101			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			CITY	-ST-ZIP	Ta	mpa FL	33612				
TTLE				Detete	TITL						☐ Change	■ Addition	
NAME STREET ADDRESS					NAM	ET ADORESS					•		
CITY-ST-ZIP	1					-ST-ZIP							
TITLE				☐ Delete	TITL	E T					☐ Change	■ Addition	
NAME	1				NAM	1							
STREET ADDRESS CITY-ST-ZIP						ET ADORESS							
	Certify that the	e information supplied w	ith this filin	n does not qualify fo			ntainer	t in Chapter 110	Florida Statutas	I further cor	tifu that the i	nformation	
indicated	oor any σ kattΩ⊓	e introduction supplied w	nurulia IIII N	u uusa HULUUUHIIV IC			a account the C	an Graduet (19.	i iuriua oldiules.	contier cer		INCHI MALION	
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.												or director	

TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Jam