## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000007345

1. Entity Name SOUTHERN TITLE SERVICES, INC.



Principal Place of Business

9355 SEMINOLE BLVD SEMINOLE, FL 33772 Mailing Address

9355 SEMINOLE BLVD SEMINOLE, FL 33772

## FILED Jan 08, 2004 08:00 AM ... Secretary of State



DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3569483

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUTT, JODY PHELPS 199 MYSTIC LAKE DRIVE N ST. PETERSBURG, FL 33702

SIGNATURE:

## 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 it applicable. (NOTE: Registered Agent				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ     Trust Fund Contribution.	oing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST TUTT, JODY PHELPS 9355 SEMINOLE BLVD. SEMINOLE, FL 33772				
TITLE NAME STREET ADDRESS CITY-SY-ZIP	D TUTT, JODY PHELPS 9355 SEMINOLE BLVD. SEMINOLE, FL 33772				800000000737 01/09/04-80009-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 more 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 trusted empowered to execute this report as required by Chapten 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.					