

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000111630

1. Entity Name
T.M. TITLE SERVICE INC.



**FILED
Mar 09, 2006 8:00 am
Secretary of State**

03-09-2006 90156 001 ***150.00

Principal Place of Business
1560 CAPITAL CIRCLE NW
SUITE 16
TALLAHASSEE, FL 32303

Mailing Address
1560 CAPITAL CIRCLE NW
SUITE 16
TALLAHASSEE, FL 32303

2. Principal Place of Business
410 Office Plaza Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tallahassee, FL 32301

City & State

Zip
Country

Zip
Country

02232006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3620819

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, GREG
1916 WIND WOOD WAY E.
TALLAHASSEE, FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)
6301 S. Windwood Hill Circle

City

Tallahassee

FL

Zip Code
32311

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, GREGORY 6301 S WINDWOOD HILL CIRCLE TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDONALD, JUIA A 6301 S WINDWOOD HILL CIRCLE TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gregory McDonald* **3-7-06 850878-5521**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #