

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000111630**

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



Principal Place of Business  
410 OFFICE PLAZA DR  
TALLAHASSEE, FL 32301

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



02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3620819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCDONALD, GREG  
6301 S WINDWOOD HILL<sup>S</sup> CIR  
TALLAHASSEE, FL 32311

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000867331  
04/08/08-80067-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MCDONALD, GREGORY  
STREET ADDRESS 6301 S WINDWOOD HILL CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE VP  
NAME MCDONALD, JULIA A  
STREET ADDRESS 6301 S WINDWOOD HILL CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 Gregory McDonald 03-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #