


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-05-2005 90225 003 ***158.75

DOCUMENT # S21548					
1. Entity Name TAMPA TITLE SERVICE, INC.					
Principal Place of Business 9364 N FLORIDA AVE TAMPA, FL 33612 US			Mailing Address P O BOX 270305 TAMPA, FL 33688 US		
2. Principal Place of Business 418 SOUTH BROAD ST.		3. Mailing Address P.O. BOX 249			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Brooksville, FL		City & State Brooksville, FL		4. FEI Number 59-3053418	
Zip 34601		Country FLORIDA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34605		Country FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORRIELLO, SUSAN 9364 N FLORIDA AVE TAMPA, FL 33612			7. Name and Address of New Registered Agent Name Susan Borriello Street Address (P.O. Box Number is Not Acceptable) 418 South Broad Street City Brooksville FL Zip Code 34601		
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 Susan Borriello 7/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORRIELLO, SUSAN 3319 CHEVIOT DRIVE TAMPA, FL <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	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dawn M. Higgins 418 S. BROAD STREET Brooksville, FL 34601	
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	
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	
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	
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 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: Susan Borriello 7/26/05 346-799-5599 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66040004



07222005 Chg-P CR2E034 (10/03)

ATTACHMENT

06025069

TAMPA TITLE SERVICE, INC.

P.O. BOX 249

Brooksville, Fl. 34605

Certified Letter with Return Receipt

July 20, 2005

Florida Department of State
Division Of Corporation
P.O. Box 1500
Tallahassee, Fl. 32314

Re: 2005 Annual Report
#S21548

Gentlemen:

Please be advised that as of the date of this letter we never received your previous renewals reports, because we relocated our business.

Your prompt processing of our corporation will be greatly appreciated.

Truly yours,

TAMPA TITLE SERVICE, INC.



Susan Borriello
President

cc: Copies of your letter
And copy of our check dated 7/1/05

07/21/2005 17:36 352799220

ATTACHMENT

TAMPA TITLE SERVICE

PAGE 04

418 South Broad St
Brooksville, FL 34601

#521548

32209

63-488/621

66628062

Date 7-1-05



Pay to the
Order of

H. Dept of State

\$ 158.75

One hundred fifty-eight & 75/100

AMSOUTH BANK

THE RELATIONSHIP PEOPLE

For 05-Profit Corp & certificate

⑈032209⑈ ⑈063104568⑈ 0048078840⑈

SHOULD BE REMITTED TO

Security
Features
Built into
this