

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000000704**

1. Entity Name  
**LAW TITLE INSURANCE AGENCY, INC. - FLORIDA**



Principal Place of Business  
**12381 S CLEVELAND AVE. UNIT 203  
FT. MEYERS, FL 33907**

Mailing Address  
**2000 W. GALENA BLVD., SUITE 200  
AURORA, IL 60506**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**47-0949624**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**GINOCCHIO, SEAN  
12381 S CLEVELAND AVE. UNIT 203  
FT. MEYERS, FL 33907**

**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 if applicable

(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**

**000000856627  
03/28/08-80019-020 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
GINOCCHIO, JOHN F  
208 BELLE VUE COURT UNIT B  
SUGAR GROVE, IL 60554**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
JORDAN, DARRELL L  
244 BERWICK DRIVE  
AURORA, IL 60506**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
OKOYE, INNO  
3115 AVIARA COURT  
NAPERVILLE, IL 60564**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/08 630-892-4063**  
Date Daytime Phone #