

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000003591

1. Entity Name
LAWYERS ADVANTAGE TITLE GROUP, INC.



Principal Place of Business
**225 SOUTH WESTMONTE DRIVE - SUITE 1100
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**225 SOUTH WESTMONTE DRIVE - SUITE 1100
ALTAMONTE SPRINGS, FL 32714**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1640081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDLER, ALAN L
225 SOUTH WESTMONTE DRIVE, SUITE 1100
ALTAMONTE SPRINGS, FL 32714**

**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 re-registering) 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**

000000948007
06/02/08 00037 021 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SANDLER, JON L
STREET ADDRESS	11549 MANORSTONE LANE
CITY-STATE-ZIP	COLUMBIA, MD 21044
TITLE	VCV
NAME	SANDLER, KAY W
STREET ADDRESS	11549 MANORSTONE LANE
CITY-STATE-ZIP	COLUMBIA, MD 21044
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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

2.25.08 **410**
Date Daytime Phone #