

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90006 036 \*\*\*150.00

**DOCUMENT # F97476**

1. Entity Name  
**LAWYERS' TITLE SERVICES, INC.**



Principal Place of Business  
**6545 CORPORATE CENTRE BLVD  
ORLANDO, FL 32822 US**

Mailing Address  
**P.O. BOX 628600  
ORLANDO, FL 32862-8600 US**

900000



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0785530**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**CONNER, W T  
6545 CORPORATE CENTRE BLVD.  
ORLANDO, FL 32822**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KOVALESKI, CHARLES J.  
4120 GABRIELLA LN  
WINTER PARK, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GAY, R. NORWOOD, III  
6630 CONWAY LAKES DR.  
ORLANDO, FL 00000,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
JONES, JIMMY R.  
3417 GRANT BLVD.  
ORLANDO, FL 00000,**

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**R. NORWOOD GAY, III**

**2-15-08 407-240-3863**