


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90039 040 ***150.00


DOCUMENT # H06393
 1. Entity Name
LEE TITLE AND ABSTRACT, INC.



| | |
|---|---|
| Principal Place of Business 706 S DIXIE HWY CORAL GABLES, FL 33146 US | Mailing Address 706 S DIXIE HWY CORAL GABLES, FL 33146 US |
|---|---|

DO NOT WRITE IN THIS SPACE

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02272008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2455566 | 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

OLSEN, THOMAS W III
 706 S DIXIE HWY
 CORAL GABLES, FL 33146

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 | SV TURNER, JULIE A 706 S. DIXIE HWY 2ND FLOOR CORAL GABLES, FL 33146 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OLSEN, THOMAS W. III 706 S DIXIE HWY CORAL GABLES, FL |
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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: *Thomas W Olsen III* Thomas W. OLSEN III 02/25/2008 305-666-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #