2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H06393

1. Entity Name
LEE TITLE AND ABSTRACT, INC.

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

DO NOT WRITE IN THIS SPACE

4060100

02272008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2455566	Not Applicable

5. Certificate of Status Desired ☐   **$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	SV
NAME	TURNER, JULIE A
STREET ADDRESS	706 S. DIXIE HWY 2ND FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	P
NAME	OLSEN, THOMAS W. III
STREET ADDRESS	706 S DIXIE HWY
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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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 otherwise 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 #