2/8/2007-90042-006-$150.00-$150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB 27 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J89978

1. Entity Name
ORLANDO TITLE AND ABSTRACT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2699 LEE ROAD SUITE 515 WINTER PARK, FL 32789	2699 LEE ROAD SUITE 515 WINTER PARK, FL 32789

01042007 Chg-P CR2E034 (12/06) 07

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2699 Lee Road		2699 Lee Road	
Suite, Apt. #, etc. Suite 475		Suite, Apt. #, etc. Suite 475	
City & State Winter Park FL		City & State Winter Park FL	
Zip 32789	Country	Zip 32789	Country

4. FEI Number 59-2854419 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUSSELWHITE, STEPHANIE 2699 LEE ROAD SUITE 515 WINTER PARK, FL 32789	Name Musselwhite, Stephanie Street Address (P.O. Box Number is Not Acceptable) 2699 Lee Road Suite 475 City Winter Park FL Zip Code 32789

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSSELWHITE, STEPHANIE 2140 LAKE VILMA DRIVE ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 8749 The Esplanade #7 Orlando, FL 32836	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Date Daytime Phone #