2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

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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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2699 Lee Road	2699 Lee Road
Suite, Apt. #, etc.: Suite 445	Suite, Apt. #, etc.: Suite 445
City & State: Winter Park FL	City & State: Winter Park FL
Zip: 32789 / Country:	Zip: 32789 / Country:

01042007 Chg-P CR2E034 (12/06) 07

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 445 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's signature required when remaining) 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	PD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MUSSELWHITE, STEPHANIE	NAME	
STREET ADDRESS	2140 LAKE VILMA DRIVE	STREET ADDRESS	8749 The Esplanade, #7
CITY-ST-ZIP	ORLANDO, FL 32835	CITY-ST-ZIP	Orlando, FL 32836
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #