

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90090 003 \*\*\*150.00

**DOCUMENT # M80165**

1. Entity Name  
**LASSITER-WARE INSURANCE OF ORANGE/SEMINOLE,  
INC.**



Principal Place of Business  
**2701 MAITLAND CENTER  
SUITE 110  
MAITLAND, FL 32751 US**

Mailing Address  
**P O BOX 940159  
MAITLAND, FL 32794-0159 US**

**24007148**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-2887406**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**OSTRANDER, TED R JR  
1317 CITIZENS BLVD  
LEESBURG, FL 32748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 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  
NAME OSTRANDER, TED R., JR.  
STREET ADDRESS 9263 SILVER LAKE DR.  
CITY-ST-ZIP LEESBURG, FL 34788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME STOER, JOHN JACOB, JR.  
STREET ADDRESS 1089 PALM HARBOR DR.  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 181 SW 3rd Street  
CITY-ST-ZIP Crystal River FL 34429-4629

TITLE VD ☐ Delete  
NAME MCCLAIN, CHRISTOPHER  
STREET ADDRESS 112 A WISTERIA DRIVE  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME HAHNE, JOHN E  
STREET ADDRESS 1019 PALM COVE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME HUGHES, KRISTEN M  
STREET ADDRESS 4501 SAILBREEZE COURT  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*1/26/04*

Date

*352 787-3441*

Daytime Phone #