

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

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**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2887406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1110000178835
01/12/05-80039-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OSTRANDER, TED R., JR.
STREET ADDRESS	9263 SILVER LAKE DR.
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	SD
NAME	STOER, JOHN JACOB, JR.
STREET ADDRESS	181 SW 3RD ST.
CITY-ST-ZIP	CRYSTAL RIVER, FL 344294629
TITLE	VD
NAME	MCCLAIN, CHRISTOPHER
STREET ADDRESS	112 A WISTERIA DRIVE
CITY-ST-ZIP	LONGWOOD, FL 327790
TITLE	TD
NAME	HAHNE, JOHN E
STREET ADDRESS	1019 PALM COVE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	VD
NAME	HUGHES, KRISTEN M
STREET ADDRESS	4501 SAILBREEZE COURT
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	
NAME	
STREET ADDRESS	
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 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

John E Hahne

1/10/05

Date

352 787-3441

Daytime Phone #