## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000097213

Entity Name

LAKE OKEECHOBEE TITLE, INC.



Principal Place of Business

210 N W PARK ST

SUITE 201

OKEECHOBEE, FL 34972

Mailing Address

210 N W PARK ST

SUITE 201

OKEECHOBEE, FL 34972



01062006

No Chg-P

CR2E034 (11/05)

**FILED** 

Jan 13, 2006 08:00 AM Secretary of State

4. FEI Number 65-1049575

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURDESHAW, JOHN E 210 NW PARK ST SUITE 201 OKEECHOBEE, FL 34972

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8. The above the obligat	named entity submits this statement for the priors of registered agent.		•	gistered agent, or bo	h, in the State of Florida. I am familiar with, an	d accept
SIGNATURE			•		en e	
- VI /	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	Agent signature r	required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	P BURDESHAW, JOHN E 210 NW PARK ST SUITE 201 OKEECHOBEE, FL 34972	-			U00000385911 01/18/06-80030-023 19	30.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
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STREET ADDRESS CITY-ST-ZIP	्रक्ष के गाम हो अल्लाव हो अहर कर कर है। इस हो है कि	W . S		· · · · · ·	The first of the control of the cont	

12. I hereby certify that the information supplied with this filling 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: 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/11/06

863-763-3749