

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000097213

1. 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



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2008 Fee will be \$550.00**

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

000000790978
01/23/08-80056-012 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME BURDESHAW, JOHN E
STREET ADDRESS 210 NW PARK ST SUITE 201
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE V
NAME BURDESHAW, PAUL
STREET ADDRESS 210 NW PARK ST SUITE 201
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE ST
NAME BURDESHAW, CLARIECE
STREET ADDRESS 210 NW PARK ST SUITE 201
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: John E. Burdeshaw John E. Burdeshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08 863
763-3749