
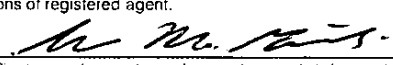
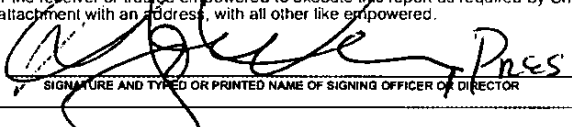


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 002 ***150.00

DOCUMENT # P02000019765			
1. Entity Name SOUTHERN STATES ABSTRACT & TITLE, INC.			
Principal Place of Business 13161 N CLEVELAND AVE SUITE B-3 NORTH FORT MYERS, FL 33903		Mailing Address 13161 N CLEVELAND AVE SUITE B-3 NORTH FORT MYERS, FL 33903	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1000 W. Calena Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 200	
City & State		City & State Aurora, IL	
Zip	Country	Zip	Country
		60500	USA
4. FEI Number 80-0036846		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, ELEANOR J % LAW TITLE INSURANCE AGENCY, INC. 12381 S. CLEVELAND AVENUE, SUITE 203 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: Sean Ginocchio Street Address (P.O. Box Number is Not Acceptable): Law Title Insurance Agency, Inc - Florida 12381 S. Cleveland Ave, Suite 203 City: Fort Myers FL Zip Code: 33907	
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: 		DATE: 3-27-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODARD, DOUGLAS I 3460 N KEY DR 210 E NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Darrell Jadan 244 Bernick Drive Aurora, IL 60506 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODARD, CAROL A 3460 N KEY DR 210 E NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Ginocchio 208 Bellevue Court, Unit B Sugar Grove, IL 60554 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Inno Okoye 3115 Avidra Court Naperville, IL 60564 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Thomas Brady 4774 Drake Street Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 3-27-07 Daytime Phone #: 630-892-4063	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	