

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

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
**2000 W.GALENA BLVD
SUITE 200
AURORA, IL 60506**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0036846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GINOCCHIO, SEAN
% LAW TITLE INSURANCE AGENCY, INC.
12381 S. CLEVELAND AVENUE, SUITE 203
FORT MYERS, FL 33907**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	JADAN, DARRELL
STREET ADDRESS	244 BERWICK DRIVE
CITY-STATE-ZIP	AURORA, IL 60506
TITLE	D
NAME	GINOCCHIO, JOHN
STREET ADDRESS	208 BELLVUE COURT, UNIT B
CITY-STATE-ZIP	SUGAR GROVE, IL 60554
TITLE	D
NAME	OKOYE, INNO
STREET ADDRESS	3115 AVARA COURT
CITY-STATE-ZIP	NAPERVILLE, IL 60564
TITLE	V
NAME	BRADY, THOMAS
STREET ADDRESS	6174 DRAKE STREET
CITY-STATE-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/27/08-80070-009 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #