

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000104174

1. Entity Name  
LAWYER'S EDGE TITLE AND ESCROW, INC.



Principal Place of Business  
55 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561 US

Mailing Address  
POST OFFICE BOX 1147  
GULF BREEZE, FL 32562 US



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0242815

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AYLSTOCK, WITKIN, & SASSER, P.L.C.  
55 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561

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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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SASSER, WILLIAM F
STREET ADDRESS	55 BAYBRIDGE DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	VP
NAME	WITKIN, JUSTIN G
STREET ADDRESS	55 BAYBRIDGE DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	SEC
NAME	AYLSTOCK, BRYAN F
STREET ADDRESS	55 BAYBRIDGE DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000787662  
01/18/08-80008-024 150.00

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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 another like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08 (900) 202-1010  
Date Daytime Phone #