

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90309 047 ***150.00

DOCUMENT # P03000121747



1. Entity Name
LEE TITLE SERVICES, INC.

Principal Place of Business
**4575 VIA ROYALE SUITE 206
FORT MYERS, FL 33919**

Mailing Address
**4575 VIA ROYALE SUITE 206
FORT MYERS, FL 33919**

94049654



01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
753135084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITTLE, RUSSELL S
4575 VIA ROYALE SUITE 206
FORT MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **LEE, TAMMI E**
STREET ADDRESS **4817 SW 8 PL #203**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **D** Delete
NAME **LEE, ANTHONY E**
STREET ADDRESS **2654 SHRIVER DR**
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **D** Delete
NAME **PERNETTI, MICHAEL A JR**
STREET ADDRESS **7566 SIKI DEER WAY**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **D** Delete
NAME **WHITTLE, RUSSELL S**
STREET ADDRESS **14860 BALD EAGLE DR**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerings.

SIGNATURE: *Russell S. Whittle* **Russell S. Whittle** *4/8/04* **239-939-9828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #