

# 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**

**94049604**



01062004 Chg-P CR2E034 (10/03)

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**

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

**7. Name and Address of New Registered Agent**

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 empowered.

**SIGNATURE:**

*Russell S. Whittle*

**Russell S. Whittle** 7/8/04 239-939-9828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #