2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147128

Name:

Address:

City-St-Zip:

CUNNINGHAM, LESLIE A

LAKELAND, FL 33813

140 FITZGERALD ROAD SUITE #3

FILED Apr 06, 2009 Secretary of State

Entity Nan	ne: PREM	ER TITLE OF LAKELAND, INC.		·	
Current Pr	incipal Pla	ce of Business:	New Principal Place	of Business:	
140 FITZGE SUITE #3 LAKELAND					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
140 FITZGERALD ROAD SUITE #3 LAKELAND, FL 33813					
FEI Number:	75-3139384	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JONES, ER 1958 EAST LAKELAND	EDGEWO	OD DRIVE	140 FITZGERAĹD RO/ SUITE #3	CUNNINGHAM, SHARON H 140 FITZGERALD ROAD SUITE #3 LAKELAND, FL 33813 US	
The above in the State		ty submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: SHARON H. CUNNINGHAM				04/06/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Cam	paign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		() Delete M, SHARON H RALD ROAD SUITE #3 FL 33813	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete M SR, JACK W RALD ROAD SUITE #3 FL 33813	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	SEC	() Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON H. CUNNINGHAM P 04/06/2009