



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90028 031 ***150.00

DOCUMENT # P04000155142 1. Entity Name O&G TITLE, INC.					
Principal Place of Business 7999 N FEDERAL HWY #310 BOCA RATON, FL 33487			Mailing Address 7999 N FEDERAL HWY #310 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; font-weight: bold;"> 01292008 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between;"> <div> 4. FEI Number 20-1871096 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent OLENN, TIMOTHY H 7999 N FEDERAL HWY #310 BOCA RATON, FL 33487				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 _____ DATE <u>1/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO OLENN, TIMOTHY H 1355 W. PALMETTO PARK RD. #114 BOCA RATON, FL 33486 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Olen, Timothy H 7999 N. Federal Highway #310 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GALLONE, ANTHONY M JR. 7521 COURTYARD RUN EAST BOCA RATON, FL 33434 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/29/08</u> <u>561-912-0922</u> <small>Date Daytime Phone #</small>		