


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90164 025 \*\*\*150.00

<b>DOCUMENT # P05000010557</b>	
1. Entity Name <b>ATHENA TITLE &amp; ESCROW CORPORATION</b>	

Principal Place of Business <b>806 FORREST AVE. COCOA, FL 32922</b>	Mailing Address <b>806 FORREST AVE. COCOA, FL 32922</b>
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2. Principal Place of Business - No P.O. Box # <b>808-A FORREST AVE</b>	3. Mailing Address <b>808-A FORREST AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>COCOA FL</b>	City & State <b>COCOA FL</b>
Zip <b>32922</b>	Zip <b>32922</b>
Country <b>BREVARD</b>	Country <b>BREVARD</b>

04172007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2194114</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LEMON, DAVID J 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *David J. Lemon Pres.* DATE **4/19/07**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LEMON, DAVID J 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1325 FIDDLER AVE. MERRITT ISLAND, FL 32952</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP LEMON, RICHARD 180 SKYLARK AVENUE MERRITT ISLAND, FL 32953</b> <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	<b>S MCCLANAHAN, KENNETH 20 VERMONT AVE. ROCKLEDGE, FL 32955</b> <input checked="" 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: *David J. Lemon Pres.* DATE **4/19/07** DAYTIME PHONE # **403-8160**

(Signature and typed or printed name of signing officer or director)