

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90032 031 ***158.75

DOCUMENT # P97000081884

1. Entity Name
L & R TITLE, INC.



Principal Place of Business
**3104 W. WATERS AVE.
SUITE 203B
TAMPA, FL 33614 US**

Mailing Address
**3104 W. WATERS AVE.
SUITE 203B
TAMPA, FL 33614 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3481766

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

**REIBER, SAM I
3821 HENDERSON BLVD.
TAMPA, FL 33629**

Name

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

2109 E PALM AVE SUITE 202

City **TAMPA**

FL

Zip Code
33605

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PELT, J T**
STREET ADDRESS **3821 HENDERSON BLVD.**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☒ Change ☐ Addition
NAME **3104 W. WATERS AVE SUITE 203B**
STREET ADDRESS **TAMPA, FL 33614**
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **LINSKY, MICHAEL**
STREET ADDRESS **601 E TWIGGS STREET**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **REIBER, SAM I**
STREET ADDRESS **3821 HENDERSON BLVD.**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☒ Change ☐ Addition
NAME **2109 E PALM AVE SUITE 202**
STREET ADDRESS **TAMPA, FL 33605**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JTP:IT / **4/30/07** / **813-288-0920**