

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # P98000078671

1. Entity Name
FLEMING ISLAND TITLE COMPANY



Principal Place of Business
4613 US HWY 17
ORANGE PARK, FL 32003

Mailing Address
4613 US HWY 17
ORANGE PARK, FL 32003



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3527756

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, MICHAEL E
4613 US HWY 17
ORANGE PARK, FL 32073

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREEN, KATHY B
STREET ADDRESS	5120 HARVEY GRANT RD
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	V
NAME	OWNBY, DESIREE L
STREET ADDRESS	1776 OAK GROVE DR S
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	S
NAME	GREEN, MICHAEL E
STREET ADDRESS	5120 HARVEY GRANT RD
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80081-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Desiree Ownby, Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desiree Ownby

4/14/08 (904) 869-0210

Date

Daytime Phone #