

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90128 031 \*\*\*150.00

**DOCUMENT # 276370**

1. Entity Name

LORENE INVESTMENT CO



Principal Place of Business

848 SR 848  
GRANDIN FL 32138

Mailing Address

POST OFFICE BOX 99  
GRANDIN FL 32138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1361291

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

CLAY, LORENE  
848 CORNER HWY 100  
SR 315  
GRANDIN FL 32138

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

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 PD ☐ Delete  
NAME CLAY, LORENE  
STREET ADDRESS BOX 98, CRN HWY 100&#315  
CITY-ST-ZIP GRANDIN FL 32138

TITLE ☒ Change ☐ Addition  
NAME  $\rightarrow$  Box 99  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME CLAY, R.T. JR.  
STREET ADDRESS BOX 98, CRN HWY 100&#315  
CITY-ST-ZIP GRANDIN FL 32138

TITLE ☒ Change ☐ Addition  
NAME  $\rightarrow$  Box 99  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME CLAY, R.T.  
STREET ADDRESS BOX 98, CRN HWY 100&#315  
CITY-ST-ZIP GRANDIN FL 32138

TITLE ☒ Change ☐ Addition  
NAME  $\rightarrow$  Box 99  
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

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 Section 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:

*R.T. CLAY*

*R.T. Clay*

*Sec. Treas*

*2/12/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #