

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 MAY 14 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05012012 Chg-P CR2E034 (12/11)

<b>DOCUMENT # 276370</b>					
1. Entity Name LORENE INVESTMENT CO					
Principal Place of Business 848 CR 315 NORTH GRANDIN, FL 32138 <i>GRANDIN, FLA-</i>			Mailing Address POST OFFICE BOX 99 GRANDIN, FL 32138		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>PO Box 99</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>GRANDIN</i>		City & State <i>FLA.</i>		4. FEI Number 59-1361291 <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip <i>32138</i>	Country <i>POTNAM</i>	Zip <i>32138</i>	Country <i>POTNAM</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLAY, LORENE 848 CR 315 NORTH GRANDIN, FL 32138			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00</b>		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAY, LORENE		NAME		700235077117
STREET ADDRESS	BOX 99, CRN HWY 100 & 315		STREET ADDRESS		05/14/12--01015--006 **150.00
CITY- ST- ZIP	GRANDIN, FL 32138		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAY, R.T. JR.		NAME		700235077117
STREET ADDRESS	848 CR 315 NORTH		STREET ADDRESS		05/14/12--01015--007 **8.75
CITY- ST- ZIP	GRANDIN, FL 32138		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAY, R.T.		NAME		
STREET ADDRESS	848 CR 315 NORTH		STREET ADDRESS		
CITY- ST- ZIP	GRANDIN, FL 32138		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: <i>R.T. Clay - R.T. CLAY (SECRETARY TREASURER)</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		E-MAIL ADDRESS

59-12