

**2012 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED

2012 MAY 14 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 276370**

1. Entity Name  
LORENE INVESTMENT CO



Principal Place of Business: 848 CR 315 NORTH GRANDIN, FL 32138  
*GRANDIN, FLA-*

Mailing Address: POST OFFICE BOX 99 GRANDIN, FL 32138

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

3. Mailing Address: *PO Box 99*

Suite, Apt. #, etc.

City & State: *GRANDIN FLA*

Zip: *32138* Country: *FLORIDA*



05012012 Chg-P CR2E034 (12/11)

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  
CLAY, LORENE  
848 CR 315 NORTH  
GRANDIN, FL 32138

7. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2012 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: PD NAME: CLAY, LORENE STREET ADDRESS: BOX 99, CRN HWY 100 & 315 CITY-ST-ZIP: GRANDIN, FL 32138	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700235077117 05/14/12--01015--006 ***150.00
TITLE: VD NAME: CLAY, R.T. JR. STREET ADDRESS: 848 CR 315 NORTH CITY-ST-ZIP: GRANDIN, FL 32138	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700235077117 05/14/12--01015--007 ***8.75
TITLE: STD NAME: CLAY, R.T. STREET ADDRESS: 648 CR 315 NORTH CITY-ST-ZIP: GRANDIN, FL 32138	<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 MAY 14 2012 S. TONER
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: *R.T. Clay - R.T. CLAY (SECRETARY/TREASURER)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

59-12