

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 674048

1. Entity Name
LORENZE & ASSOCIATES, INC.



Principal Place of Business
**401 S STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**401 S STATE ROAD 434
ALTAMONTE SPRINGS, FL 32714**

DO NOT WRITE IN THIS SPACE

FILED
Jun 20, 2005 08:00 AM
Secretary of State



06012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2028705

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LORENZE, DEWAYNE E
30 SABLE COURT
WINTER SPRINGS, FL 32708**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
LORENZE, DEWAYNE E
30 SABLE COURT
WINTER SPRINGS, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LORENZE, SHARON M
30 SABLE COURT
WINTER SPRINGS, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000369658
06/20/05-80001-023 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *DeWayne Lorenze*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

6/16/05 (407) 682757