


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90014 034 ***158.75

60000367

DOCUMENT # F32131 1. Entity Name LONE & ASSOCIATES INC.			
Principal Place of Business 6420 NORTHWEST FIFTH WAY FORT LAUDERDALE, FL 33351 US		Mailing Address 6420 NORTHWEST FIFTH WAY FORT LAUDERDALE, FL 33351 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		01052005 Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2090477	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LONE, JOANN 6420 NORHTWEST FIFTH WAY FORT LAUDERDALE, FL 33351		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title of signatory. (NOTE: Registered Agent signature requires when completing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME: LONE, WILLIAM F STREET ADDRESS: 6420 NORTHWEST FIFTH WAY CITY-ST-ZIP: FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VDST NAME: LONE, JOANN STREET ADDRESS: 6420 NORTHWEST FIFTH WAY CITY-ST-ZIP: FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: LONE, WILLIAM F JR. STREET ADDRESS: 6420 NORTHWEST FIFTH WAY CITY-ST-ZIP: FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: LONE, SHERRI STREET ADDRESS: 6420 NORTHWEST FIFTH WAY CITY-ST-ZIP: FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE: _____ NAME: Lone-Anderson, Sherri STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" 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
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 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: <i>JoAnn Lone</i> JoAnn Lone		Date: <i>1/5/05</i> 954-772-9020	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Printing Phone #</small>	