

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # H62905 1. Entity Name LOUMAR INVESTMENTS INC.	
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Principal Place of Business PO BOX 151717 CAPE CORAL, FL 33915	Mailing Address PO BOX 151717 CAPE CORAL, FL 33915
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02262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2546584	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDSTEIN, LOUIS 208 SE 37TH LANE CAPE CORAL, FL 33904
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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 releasing) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	PD GOLDSTEIN, LOUIS R. 203 SE 37TH LANE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOLDSTEIN, MARCIA 203 SE 37TH LANE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDSTEIN, MARCIA 203 SE 37TH LANE CAPE CORAL, FL 33904
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05/03/06-80063-002 150.00

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 Louis R. Goldstein 4/5/2006 239-281-4117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter Filings #