

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90030 007 \*\*\*150.00

**DOCUMENT # H73662**

1. Entity Name

LOMAC ENTERPRISES, INC.



Principal Place of Business

135 MCFARLAND ROAD  
DEFUNIAK SPRINGS FL 32433  
US

Mailing Address

135 MCFARLAND ROAD  
DEFUNIAK SPRINGS FL 32433  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2562477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCFARLAND, LORRAINE S.  
135 MCFARLAND ROAD  
DEFUNIAK SPRINGS FL 32433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCFARLAND, FRANK S.	
STREET ADDRESS	135 MCFARLAND ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCFARLAND, LORRAINE S.	
STREET ADDRESS	135 MCFARLAND ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCFARLAND, FRANK S., JR.	
STREET ADDRESS	135 MCFARLAND ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNINGTON, JUDITH E.	
STREET ADDRESS	KENNINGTON RD.	
CITY-ST-ZIP	RED BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCFARLAND, MARGARET L	
STREET ADDRESS	135 MCFARLAND ROAD	
CITY-ST-ZIP	DEFUNIAK SPGS. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *LORRAINE S. MCFARLAND*

**DIRECTOR**

**4-05-04**

**1-850-892-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #