2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# K01701

Entity Name: LORNE AND SONS, INC.

Current Principal Place of Business:

745 NORTH FEDERAL HWY
DELRAY BEACH, FL 33483701 US

New Principal Place of Business:

Current Mailing Address:

745 NORTH FEDERAL HWY
DELRAY BEACH, FL 33483701 US

New Mailing Address:

FEI Number: 65-0017961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LORNE, MICHAEL L
743 NE 6TH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LORNE, MICHAEL LEO.
Address: 745 NORTH FEDERAL HWY.
City-St-Zip: DELRAY BCH, FL

Title: VPD ( ) Delete
Name: LORNE, PATRICK DELOHERY
Address: 745 NORTH FEDERAL HWY.
City-St-Zip: DELRAY BCH, FL

Title: PDSD ( ) Delete
Name: LORNE, MICHAEL LEO
Address: 745 NORTH FEDERAL HWY
City-St-Zip: DELRAY BCH, FL

Title: TD ( ) Delete
Name: LORNE, PATRICK D
Address: 745 NE 6TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LEO LORNE PD 04/28/2009

Electronic Signature of Signing Officer or Director Date