


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90073 010 ***158.75

DOCUMENT # M88774
 1. Entity Name
 LORENZ ANIMAL FOODS, INC.



40011011



Principal Place of Business
 30653 CENTER AVE. NO.
 P.O. BOX 1075
 OKEECHOBEE, FL 34973

Mailing Address
 30653 N.W. CENTER AVE
 OKEECHOBEE, FL 34972

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

02182005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0071859

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

KELLEY, CRAIG I P.A.
 1665 PALM BEACH LAKES BLVD.
 SUITE 1000
 WEST PALM BEACH, FL 33401

Name
 KIMBERLY A. LORENZ

Street Address (P.O. Box Number is Not Acceptable)
 30653 NW Center Avenue

City
 Okeechobee FL Zip 34972

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 *Kimberly A. Lorenz* (NOTE: Registered Agent signature required when reinstating) DATE 2-25-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VDDP <input type="checkbox"/> Delete
NAME	LORENZ, KIMBERLY
STREET ADDRESS	30653 N.W. CENTER AVE.
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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: *Kimberly A. Lorenz* President DATE 2-25-05 DAYTIME PHONE # 863 763 3765