


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90022 001 ***150.00

DOCUMENT # P00000076086 1. Entity Name <i>Leave home without it...</i> LORTON ENTERPRISES, INC. <i>Buy a Price Guide Today!</i> <i>Buy a Price Guide Today ></i>			
Principal Place of Business 40 KELLY ST FORT WALTON BEACH, FL 32547		Mailing Address 327 YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 749 Overbrook Dr. Suite, Apt. #, etc.	
City & State Zip		City & State Fort Walton Beach, FL Zip 32547	
Country USA		4. FEI Number 59-3663418	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LORTON, LARRY P 327 YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY - ST - ZIP	D LORTON, LARRY P 327 YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORTON, DIANA L 327 YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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>Diana L. Lorton</i> <i>Diana L. Lorton</i>		Date <i>1-6-05</i> Daytime Phone <i>850-315-2317</i>	

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