## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT DOCUMENT # P01000012065 ----

1 Entity Name

LORI RE' ATTORNEY AT LAW, INC.



FILED
Mar 10, 2008 08:00 AN
Secretary of State

Principal Place of Business

2864 MOODY ROAD ORANGE PARK, FL 32073 Mailing Address

2864 MOODY ROAD ORANGE PARK, FL 32073



01172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3698809

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RE', LORI 3684 WATERSIDE DRIVE ORANGE PARK, FL 32065

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	jurpose of changing its registe	ered office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				equired when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS		10000			ij
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RE', LORI 3684 WATERSIDE DRIVE ORANGE PARK, FL 32065					" ALLEGAN
TITLE NAME	V RE', FRANK E				03/26/09#80093#016#158#75	

STREET ADDRESS
CITY-ST-ZIP
ORANGE PARK, FL 32065

TITLE
NAME
RE', FRANK E
3684 WATERSIDE DRIVE
ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Frank /ce

Frank Re-

3-7-08

904-278-6570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

\_\_\_\_