


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90010 002 \*\*\*150.00

<b>DOCUMENT # P01000113699</b> 1. Entity Name LORVEN II, INC.	
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Principal Place of Business 1040 SW 2 AVE OCALA, FL 34474	Mailing Address 1040 SW 2 AVE OCALA, FL 34474
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<b>DO NOT WRITE IN THIS SPACE</b>
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02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1436908	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  VASUDEVAN, RAM 1040 SW 2 AVE OCALA, FL 34474
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<b>DO NOT WRITE IN THIS SPACE</b>
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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:  DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASUDEVAN, RAM MD 1040 SW 2 AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, K N MD 1040 SW 2 AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, NAGENDER MD 1040 SW 2 AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASUDEVAN, ANJU MD 1040 SW 2 AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **2/17/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #