

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028173

FILED
Apr 01, 2005
Secretary of State

Entity Name: LOHMAN MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1425 BELLEVUE AVE.
DAYTONA BCH, FL 32114

New Principal Place of Business:

1423 BELLEVUE AVE.
DAYTONA BCH, FL 32114

Current Mailing Address:

1425 BELLEVUE AVE.
DAYTONA BCH, FL 32114

New Mailing Address:

1423 BELLEVUE AVE.
DAYTONA BCH, FL 32114

FEI Number: 75-3004324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOHMAN, LOWELL
1210 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 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: P () Delete
Name: LOHMAN, LOWELL
Address: 1210 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: VTS () Delete
Name: LOHMAN, NANCY
Address: 1210 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: LOHMAN, TY
Address: 5 OAKWOOD PARK
City-St-Zip: ORMOND BEACH, FL 32174

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY LOHMAN

VTS

04/01/2005

Electronic Signature of Signing Officer or Director

Date