

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000119331	
1. Entity Name LOHMAN PROPERTIES, INC.	

Principal Place of Business 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176	Mailing Address 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176
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07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4223314	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LOHMAN, LOWELL 1210 JOHN ANDERSON DR. ORMOND BEACH, FL 32176
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**DO NOT WRITE
IN THIS SPACE**

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 _____
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**FILE NOW!!! FEE IS \$550.00
Due by September 5, 2004**

9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P LOHMAN, LOWELL 1210 JOHN ANDERSON DR. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY ST ZIP	VTS LOHMAN, NANCY 1210 JOHN ANDERSON DR. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY ST ZIP	V LOHMAN, TY 5 OAKWOOD PARK ORMOND BEACH, FL 32174
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07/19/04-80015-012 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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: 	7-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	