


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000002042	
1. Entity Name JOSEPH D LORENZ, P.A.	

Principal Place of Business 1270 N EGLIN PKWY, STE C-14 SHALIMAR, FL 32579	Mailing Address 1270 N EGLIN PKWY, STE C-14 SHALIMAR, FL 32579
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DO NOT WRITE IN THIS SPACE

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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2107967	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LORENZ, JOSEPH D
1270 N EGLIN PKWY, STE C-14
SHALIMAR, FL 32579

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)

DATE

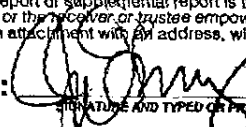
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000478805 04/08/06-80009-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LORENZ, JOSEPH D 1270 N EGLIN PKWY, STE C-14 SHALIMAR, FL 32579
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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 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:  **JOSEPH D. LORENZ** **3-20-06** **850 651 4445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-20-06** Clerk's Phone #