

2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/14/2005-90001-031-\$150.00-\$150.00

DOCUMENT # P04000126205

1. Entity Name
LORENTZ PAINTING SERVICE, INC



FILED

05 OCT 18 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122005 Chg-P CR2E034 (10/03)

Principal Place of Business
**8170 NEWPORT ROAD
JACKSONVILLE, FL 32244**

Mailing Address
**8170 NEWPORT ROAD
JACKSONVILLE, FL 32244**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1602630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LORENTZ, MARK E
8170 NEWPORT ROAD
JACKSONVILLE, FL 32244**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P,S
LORENTZ, MARK E
8170 NEWPORT ROAD
JACKSONVILLE, FL 32244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP,T
WILLIAMS, KATHARINE C
8170 NEWPORT ROAD
JACKSONVILLE, FL 32244** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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CITY- ST- ZIP
☐ Change ☐ Addition

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:

Mark Lorentz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/05
Date

904/271-8936
Daytime Phone #

MW

ATTACHMENT
50066720

Sept. 12, 2005

Mark E. Lorentz
8170 Newport Rd.
Jacksonville, FL
32244

Document # P04000126205

Dear Florida Dept. of State

Please accept our renewal application. We didn't receive a renewal notice but a friend informed us of their similar requirements and we are sending this as promptly as notified. Thank you.

Sincerely,
Mark Lorentz