## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000160160**

1. Entity Name

LORRAINE C. ANDY, L.C.S.W., INC.



Principal Place of Business

1600 SOUTH FEDERAL HWY

202

POMPANO, BEACH, FL 33062

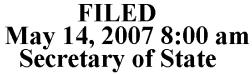
Mailing Address

1600 SOUTH FEDERAL HWY

202

DO NOT WRITE IN THIS SPACE

POMPANO, BEACH, FL 33062



05-14-2007 90095 022 \*\*\*150.00



03272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 14-1918811 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Manage 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4 C	Registered Agent

ANDY, LORRAINE
1600 SOUTH FEDERAL HIGHWAY
SUITE 202

## DO NOT WRITE IN THIS SPACE

POMPANO BEACH, FL 33062			IN THIS SPACE		
the obligat	ions of registered agent.			egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANDY, LORRAINE C 1600 SOUTH FEDERAL HWY POMPANO, BEACH, FL 33062	TORS		<del>-</del>	NOT WRITE THIS SPACE
TITLE					

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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR