

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000685

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: THE LOFTIS MANAGEMENT GROUP, INC.

## Current Principal Place of Business:

4382 INDIAN HILLS DR  
MOORE HAVEN, FL 33471

## New Principal Place of Business:

## Current Mailing Address:

4382 INDIAN HILLS DR  
MOORE HAVEN, FL 33471

## New Mailing Address:

FEI Number: 20-1896393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOFTIS, ROBERT WAYNE  
15840 KILMARNOCK DR  
FT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

LOFTIS, ROBERT WAYNE  
4382 INDIAN HILLS DRIVE  
MOORE HAVEN, FL 33471 US

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: ROBERT W. LOFTIS

03/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOFTIS, ROBERT WAYNE  
Address: 15840 KILMARNOCK DR  
City-St-Zip: FT MYERS, FL 33912

Title: V ( ) Delete  
Name: LOFTIS, SHARON L  
Address: 15840 KILARNOCK DR  
City-St-Zip: FT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOFTIS, ROBERT WAYNE  
Address: 4382 INDIAN HILLS DRIVE  
City-St-Zip: MOORE HAVEN, FL 33471

Title: V (X) Change ( ) Addition  
Name: LOFTIS, SHARON L  
Address: 4382 INDIAN HILLS DRIVE  
City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT W. LOFTIS

P

03/15/2007

Electronic Signature of Signing Officer or Director

Date