

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000000685

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** THE LOFTIS MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

1682 INDIAN HILLS DR  
MOORE HAVEN, FL 33471

**New Principal Place of Business:**

**Current Mailing Address:**

1682 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  
1682 INDIAN HILLS DRIVE  
MOORE HAVEN, FL 33471 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOFTIS, ROBERT WAYNE  
Address: 1682 INDIAN HILLS DRIVE  
City-St-Zip: MOORE HAVEN, FL 33471

Title: V  
Name: LOFTIS, SHARON L  
Address: 1682 INDIAN HILLS DRIVE  
City-St-Zip: MOORE HAVEN, FL 33471

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W. LOFTIS

P

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date