


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000117869 1. Entity Name GEORGE LOSURE, INC.	
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Principal Place of Business 1101 NW 19TH TERRACE CAPE CORAL, FL 33993 US	Mailing Address 1101 NW 19TH TERRACE CAPE CORAL, FL 33993 US
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03282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3353010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOSURE, GEORGE  
1101 NW 19TH TERRACE  
CAPE CORAL, FL 33993

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	LOSURE, GEORGE 1101 NW 19TH TERRACE CAPE CORAL, FL 33993
TITLE VP	LOSURE, MARY E 1101 NW 19TH TERRACE CAPE CORAL, FL 33993
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

U00000702070  
04/20/07-80084-019 150.00

**DO NOT WRITE IN THIS SPACE**

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: George R. Lore President GEORGE LOSURE 3-28-07 239 823 8961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #