

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004374

FILED  
Apr 02, 2012  
Secretary of State

Entity Name: LOZOTT INC.

**Current Principal Place of Business:**

16418 MAGNOLIA BLUFF DRIVE  
MONTVERDE, FL 34756

**New Principal Place of Business:**

**Current Mailing Address:**

16418 MAGNOLIA BLUFF DRIVE  
MONTVERDE, FL 34756

**New Mailing Address:**

FEI Number: 20-4061205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROOKER-LOZOTT, ERIN  
16418 MAGNOLIA BLUFF DRIVE  
MONTVERDE, FL 34756 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: LOZOTT, KEITH N  
Address: 16418 MAGNOLIA BLUFF DRIVE  
City-St-Zip: MONTVERDE, FL 34756

Title: VP  
Name: BROOKER-LOZOTT, ERIN S  
Address: 16418 MAGNOLIA BLUFF DRIVE  
City-St-Zip: MONTVERDE, FL 34756

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: ERIN LOZOTT

VP

04/02/2012

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

\_\_\_\_\_  
Date