2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

4/21

DOCUMENT # P06000080008 1. Entity Name LORRAINE M CLARK PA								04-26-20	JO / 90193	016 ***	***130.00
Principal Plac	e of Busines:	\$	М	Mailing Address			1		~~~	7 V V I	U
5129 CAMBRY LANE LAKELAND, FL 33805 US			ģ	5129 CAMBRY LANE LAKELAND, FL 33805 US							
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2. Principal Place of Business - No P.O. Box #				3. Mailing Address						ORD LEAT ()	
Suite. Apt. #, etc.				Suite, Apt. #, etc.			02042007	Chg-P	CR2E034	(12/06)	
City & State				City & State			4. FEI Numb	502196	Ь		pfed For at Applicable
Zip	Country			Zip C		ntry	1	e of Status Desired	□ \$	8.75 Add	litional
	6. Name and Address of Current F			tered Agent			d Address of Now R		 	-	
						Name					
CLARK, LORRAINE M 5129 CAMBRY LANE LAKELAND, FL 33805					Street Address (P.O. Box Number is Not Acceptable)						
DARELAND, FL 33005							,				
						City			FL	Zip Code	-
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											
	Signature, typed	er present name of regulate	ec agent and the	€ applicable. [NO!	E Registere	d Agant pontiure requires	O MLIBU Lépusifique)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICER	S AND DIREC	CTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND D	RECTORS	5 IN 11
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STREET ADDRESS CITY-ST-ZIP	1					-ST-ZIP					
	certify that the	e information suppli	ed with this I	iling does not qualify to			d in Chapter 11	9, Florida Statutes. I	further certify	that the in	formation
12. I hereby certify that the information supplied with this liding does not quality 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 office 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.											
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SIGNAT	URE: _	TWVW	My /	ruen	ν <u> </u>		7	1-1-00	/ 4	000	701