


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90018 028 \*\*\*150.00

<b>DOCUMENT # P07000029643</b>		
1. Entity Name LOERAMS CONSULTING, INC.		

Principal Place of Business 506 BEECHWOOD AVE ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 506 BEECHWOOD AVE ALTAMONTE SPRINGS, FL 32714 US
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2. Principal Place of Business - No P.O. Box # 108 Ridgeview DR	3. Mailing Address 108 Ridgeview DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Eustis FL	City & State Eustis FL
Zip 32726	Country US

03262008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8589560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOESCHER, RUTH A 506 BEECHWOOD AVE ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name same as current Street Address (P.O. Box Number is Not Acceptable) 108 Ridgeview DR City Eustis FL Zip Code 32726
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOESCHER, RUTH A 506 BEECHWOOD AVE ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Loescher, Ruth A 108 Ridgeview DR Eustis, FL 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  Ruth Loescher 3/31/08 781.258.4678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #