

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019373

Entity Name: LORIAN INC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2902 SW 30TH STREET  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

2902 SW 30TH STREET  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

FEI Number: 27-4789091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASON, IAN R  
2902 SW 30TH STREET  
CAPE CORAL, FL 33914 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: MASON, IAN R  
Address: 2902 SW 30TH STREET  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP  
Name: MASON, LORRAINE P  
Address: 2902 SW 30TH STREET  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SEC  
Name: MASON, IAN R  
Address: 2902 SW 30TH STREET  
City-St-Zip: CAPE CORAL, FL 33914 US

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: IAN R MASON

PRES

04/30/2011

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

\_\_\_\_\_  
Date