2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P19240

1. Entity Name

LORANTES, INC.

Principal Place of Business	Mailing Address
10601-2 US HIGHWAY 441 C/O SPLISH SPLASH CAR WASH LEESBURG FL 34788 US	10601-2 US HIGHWAY 441 C/O SPLISH SPLASH CAR WASH LEESBURG FL 34788 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2916971 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TESTA, LORETTA
9809 FAIRWAY CIRCLE
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 acce[pt] the obligations of registered agent.

SIGNATURE ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May [Be] Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	VSD	☐ Delete	02/09/06-80004-005 150.00 ☐ Add
NAME	RANFONE, SAM		
STREET ADDRESS	11131 LAKE DR		
CITY-ST-ZIP	LEESBURG FL 34788		
TITLE	VD	☐ Delete	☐ Change ☐ Addition
NAME	TESTA, LORETTA		~~005-4500453-1000003796~~
STREET ADDRESS	9809 FAIRWAY CIRCLE		~~DEPOSIT ONLY 150.00~~
CITY-ST-ZIP	LEESBURG FL 34788		~~02/09/06 80004 005~~
TITLE	VD	☐ Delete	☐ Change ☐ Add
NAME	TESTA, ALBERT		U00000409635
STREET ADDRESS	9809 FAIRWAY CIRCLE		02/09/06-80004-005 150.00
CITY-ST-ZIP	LEESBURG FL 34788		
TITLE	VTD	☐ Delete	☐ Change ☐ Addition
NAME	LORE, JOHN		
STREET ADDRESS	1098 JUNIPER COURT		
CITY-ST-ZIP	TAVARES FL 32778		
TITLE	SD	☐ Delete	☐ Change ☐ Addition
NAME	LORE, BARTHOLOMEW		
STREET ADDRESS	4168 STONECHAT COURT		
CITY-ST-ZIP	ROSWELL GA 30075		
TITLE	PD	☐ Delete	☐ Change ☐ Addition
NAME	RANFONE, FRANK		
STREET ADDRESS	11244 FOUNTAIN LAKE BLVD		
CITY-ST-ZIP	LEESBURG FL 34788		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Loretta Testa Jan 27 2006.