2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000080130

1. Entity Name

LORKEN PUBLICATIONS INC.



FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1640 PERIWINKLE WAY

1640 PERIWINKLE WAY

#2

DO NOT WRITE IN THIS SPACE

SANIBEL, FL 33957 US

SANIBEL, FL 33957 US



02202008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0525009

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MICHAEL, TERRY 1640 PERIWINKLE WAY UNIT 2 SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

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 or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASI, KENNETH 13500 SIESTA PINES CT #303 FORT MYERS, FL 33908	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ARUNDEL, LORIN 16805 DAVIS RD SW 121 FT MYERS, .				000000862998 04/03/08-80074-016 150.00
NAME STREET ADDRESS CITY-SY-ZIP					NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN ¹	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			: ,		

12. I hereby certify that the information supplied with this filling 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:

KETTAR RUS I SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/17/08

239-395-1213

Date

Daytime Phone #