


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90041 019 \*\*\*150.00

<b>DOCUMENT # P95000001707</b>		
1. Entity Name <b>LORRAINE WINCOR, P.A.</b>		

Principal Place of Business <b>3200 N. PORT ROYALE DR., STE. 1203 FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>3200 N. PORT ROYALE DR., STE. 1203 FORT LAUDERDALE, FL 33308</b>
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**40126882**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>10 LOCUST AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07092007 Chg-P CR2E034 (12/06)

City & State	City & State <b>West Barnstable, MA.</b>
Zip	Zip <b>02668</b>
Country	Country <b>USA</b>

4. FEI Number <b>65-0560682</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WINCOR, LORRAINE 3200 N. PORT ROYALE DR., STE. 1203 FORT LAUDERDALE, FL 33308</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WINCOR, LORRAINE 3200 N. PORT ROYALE DR., STE. 1203 FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <b>X Lorraine Wincor PA</b>	Date: <b>7/19/07</b>	Uptime Phone #: <b>563 362 0376</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		