

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90171 043 ***150.00

DOCUMENT # P95000048761
 1. Entity Name
LORHARMAX INCORPORATED



Principal Place of Business: **301 N. BELCHER RD. CLEARWATER FL 33765**
 Mailing Address: **301 N. BELCHER RD. CLEARWATER FL 33765**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-3322051**
 Applied For: Not Applicable:

6. Name and Address of Current Registered Agent
BUTLER, W. JAMES
301 N. BELCHER ROAD
CLEARWATER FL 33765

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

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 accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution:

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE: PD <input checked="" type="checkbox"/> Delete | NAME: BUTLER, W. JAMES STREET ADDRESS: 301 N. BELCHER RD. CITY-ST-ZIP: CLEARWATER FL 33765 |
| TITLE: D <input type="checkbox"/> Delete | NAME: BUTLER, W. JAMES STREET ADDRESS: 301 N. BELCHER ROAD CITY-ST-ZIP: CLEARWATER FL 33765 |
| TITLE: D <input type="checkbox"/> Delete | NAME: BUTLER, ANITA M STREET ADDRESS: 301 N. BELCHER ROAD CITY-ST-ZIP: CLEARWATER FL 33765 |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |
| TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ |

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: *W. James Butler* **4-29-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #