

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000050138

1. Entity Name  
LORENZANA & REAM, INC.



**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2886 N. HORIZON PL.  
OVIEDO, FL 32765

Mailing Address  
2886 N. HORIZON PL.  
OVIEDO, FL 32765



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3322965

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F JR  
505 WEKIVA SPRINGS RD.  
SUITE 800  
LONGWOOD, FL 32779

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 title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000114035  
04/15/04-80032-025 150.00

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LORENZANA, ALEJANDRO 2886 N. HORIZON PL. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*LORENZANA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04 407-971-0109

Date

Daytime Phone #