

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070818

Entity Name: LORWELL & CO., INC.

FILED
Feb 11, 2004
Secretary of State

Current Principal Place of Business:

6017 PINE RIDGE RD
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

6017 PINE RIDGE RD.
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-0607065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPWELL, ROBERT A.
6017 PINE RIDGE ROAD
NAPLES, FL 34119

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAPWELL, ROBERT
Address: 6017 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: CAPWELL, LORETTA
Address: 6017 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAPWELL, ROBERT
Address: 6017 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34119 US

Title: D (X) Change () Addition
Name: CAPWELL, LORETTA
Address: 6017 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. CAPWELL

PRES

02/11/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date