2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024557

Entity Name: THE LOFTIS CORPORATION

FILED Mar 17, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

4382 INDIAN HILLS DRIVE 1682 INDIAN HILLS DRIVE MOORE HAVEN, FL 33471 US MOORE HAVEN, FL 33471 US

Current Mailing Address: New Mailing Address:

4382 INDIAN HILLS DRIVE 1682 INDIAN HILLS DRIVE MOORE HAVEN, FL 33471 US MOORE HAVEN, FL 33471 US

FEI Number: 65-0659401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOFTIS, ROBERT WAYNE LOFTIS, ROBERT WAYNE 1682 INDIAN HILLS DRIVE 4382 INDIAN HILLS DRIVE MOORE HAVEN, FL 33471 US MOORE HAVEN, FL 33471 US

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: ROBERT W. LOFTIS 03/17/2009

> Electronic Signature of Registered Agent Date

> > Title:

VΡ

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

VΡ

Title:

Title: () Delete Title: (X) Change () Addition LOFTIS, ROBERT WAYNE LOFTIS, ROBERT WAYNE Name: Name: 4382 INDIAN HILLS DRIVE 1682 INDIAN HILLS DRIVE Address: Address:

City-St-Zip: MOORE HAVEN, FL 33471 US City-St-Zip: MOORE HAVEN, FL 33471 US

() Delete (X) Change () Addition Name: LOFTIS, SHARON L Name: LOFTIS, SHARON L 4382 INDIAN HILLS DRIVE Address: 1682 INDIAN HILLS DRIVE Address: MOORE HAVEN, FL 33471 US MOORE HAVEN, FL 33471 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Ρ SIGNATURE: ROBERT W. LOFTIS 03/17/2009