

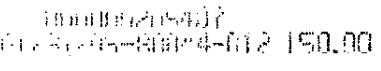
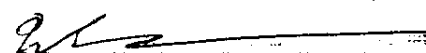


FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000093397 1. Entry Name LORE AND ANGER, P.A.				Jan 31, 2005 08:00 AM Secretary of State	
Principal Place of Business 1201 S ORLANDO AVENUE, SUITE 320 WINTER PARK, FL 32789-7107		Mailing Address 1201 S ORLANDO AVENUE, SUITE 320 WINTER PARK, FL 32789-7107			
DO NOT WRITE IN THIS SPACE				01252005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-3414670 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORE, WILLIAM H 1201 S. ORLANDO STE 320 WINTER PARK, FL 32789				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORE, WILLIAM H 1201 S. ORLANDO STE 320 WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV ANGER, SUSAN J 1201 S. ORLANDO STE 320 WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-28-05 407-629-7559 Date Daytime Phone #	