

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000093630

1. Entity Name
DIANNE LORRAINE, INC.



Principal Place of Business

5137 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103

Mailing Address

5137 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103

FILED
Mar 09, 2005 08:00 AM
Secretary of State



02272005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3541499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURIN, DIANNE L
1843 MISSION DRIVE
NAPLES, FL 34109

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PURIN, DIANNE L
1843 MISSION DRIVE
NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000256878
03/09/05-80032-006 150.00

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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)(f), 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: Dianne L. Purin DIANNE L. PURIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05
Date

239 659 5222
Daytime Phone #