

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-01-2007 90002 004 ***150.00

DOCUMENT # P99000021903

1. Entity Name
LORMAN ASSOCIATES, INC.



Principal Place of Business
**409 24TH STREET
WEST PALM BEACH, FL 33407**

Mailing Address
**409 24TH STREET
WEST PALM BEACH, FL 33407**

66018897



05202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0905414

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VOLKWEIN, FR
409 24TH ST
WEST PALM BEACH, FL 33407**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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
**D
VOLKWEIN, FRED
409 24TH STREET
WEST PALM BEACH, FL 33407**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

FR Volkwein **FR Volkwein** *6/6/07* **6/6/07** *961832 5400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
for Lorman Associates Inc.

RE: P99000021903

ATTACHMENT

66018897

May 24, 2007

Florida Department of State
Division of Corporations
PO Box 61314
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed is a check for the Profit Annual Report of the Lorman Associates, Inc in the amount of \$150.00.

Previously I have always filed in a timely manner. I discovered that this year's Corporation Annual Report had not been filed when I was doing a follow up on my tax returns and related paperwork and only to find additional errors that my bookkeeper had made.

As soon as I discovered this mistake, I took corrective action. The enclosed check is additional evidence of my sincerity to rectify the oversight. I would ask for your consideration to forgo the normal penalty and accept the normal filing fee of \$150.00

Thanking you in advance for you consideration and positive decision.

Respectfully,

F.R. Volkwein

Fred Volkwein
Director
Lorman Associates, Inc.